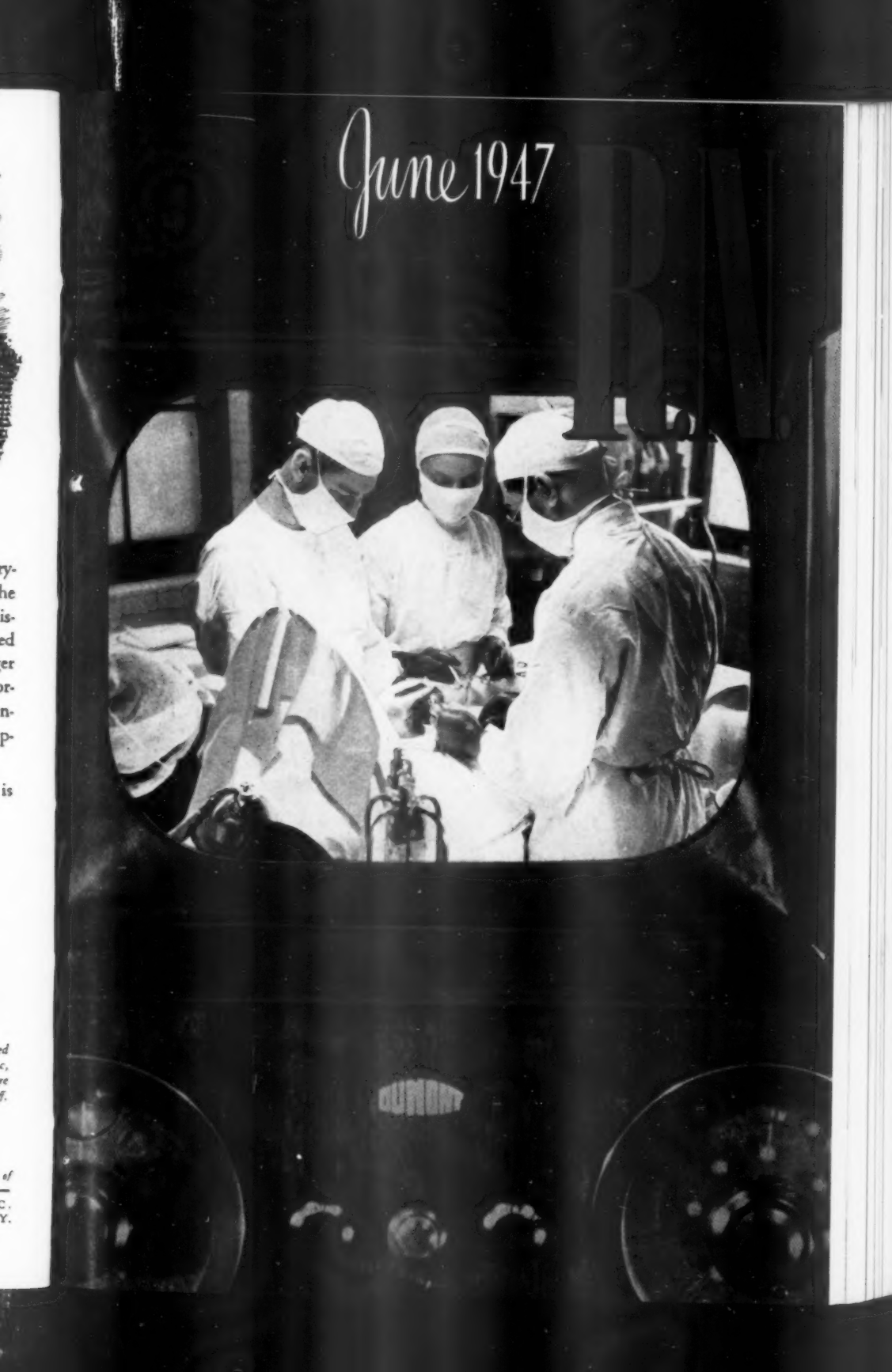
June 1947

*Over 50 Years of Quality*

# Dix-Make
UNIFORMS

Dix-Make brings back hard-to-find Acetate Sharkskin . . . Easily washable and non-shrinkable . . . Styled with their traditional devotion to quality and smartness . . . A worthy addition to the Dix-Make collection of fine uniforms.

Style 730

Notch collar, pleated bodice, set-in belt, removable pearl buttons, and french cuffs with pearl cuff links on the long sleeve model.

Dix Style No. 730 with Long Sleeves . . . Illustrated.

Dix Style No. 7300 with Short Sleeves . . . Not Illustrated.

Sizes 12-20, 36-44.

$8.00 At Leading Department Stores or write Dix-Make direct.

Send for the illustrated Dix-Make Folder.

**HENRY A. DIX & SONS CORP.**

1350 BROADWAY • NEW YORK 18, N. Y.

R.N.

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NIGHTINGALE PRESS, RUTHERFORD, N.J.

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Circulation 150,000 registered nurses monthly. EDITOR: Alice R. Clarke, R.N.; ASSISTANTS: Sally S. Linen, R.N.; Dollie C. Carpenter; ART: Marjorie Pedretti. 

# *For Gentle Hands . . . .*

Gentle hands handling delicate infants deserve a gentle antiseptic. Zephiran chloride, though a powerful bactericidal agent, is nonirritating to babies' skin and mucous membranes in effective concentrations and leaves the nurse's hands soft and smooth. Furthermore, Zephiran chloride is very economical: 1 oz. of the concentrate makes 1 gal. of the most commonly used 1:1000 solution . . . . . Aqueous Solution 1:1000, Stainless Tincture 1:1000 and Tinted Tincture 1:1000, bottles of 8 oz. and 1 gal. Concentrated 12.8% Aqueous Solution, bottles of 4 oz. and 1 gal.

## ZEPHIRAN CHLORIDE

*Powerful Antiseptic . . . . . Gentle to Babies' Skin and Nurses' Hands*

*Winthrop*

CHEMICAL COMPANY, INC.

New York 13, N. Y. • Windsor, Ont.

Zephiran Chloride,
brand of benzalkonium chloride refined
Zephiran, trademark Reg. U. S. Pat. Off. & Canada


# New antiseptic cream deodorant stops perspiration worries completely... doesn't dry out in the jar!

FRESH contains the most effective perspiration-stopping ingredient known to science.


FRESH **is a smooth** cream that doesn't dry out in the jar. It is never greasy. Never gritty. Never sticky. Usable right down to the bottom of the jar.

FRESH **is gentle**... accepted for advertising in the publications of the American Medical Association.

**59¢ • 43¢ • 25¢ • 10¢**

**THE NURSES' FAVORITE WHITE SHOE CLEANER**


# *NOW BETTER THAN EVER!*

Wartime research has made GRIFFIN ALLWITE—the white shoe cleaner you've voted your favorite in survey after survey—whiter, brighter, finer than ever!

Wait 'til you see the beautiful, snowy, rub-off-resistant finish the new and improved GRIFFIN ALLWITE gives your shoes. And GRIFFIN quality assures you that the chemically neutral formula of GRIFFIN ALLWITE is absolutely safe for all white shoes—leather or fabric—no matter how often you use it.

In the bottle or in the tube, GRIFFIN ALLWITE is more than ever your best buy today!

# GRIFFIN

**THE GREATEST NAME IN SHOE POLISH**

# *Experience is the Best Teacher*


**Herman von Helmholtz**
**(1821-1894)**
**proved it in ophthalmology**

Helmholtz's greatest contribution to medicine was his exhaustive researches on color vision. The famous Young-Helmholtz theory resulted from his studies. His every work showed — *experience is the best teacher!*

## *Yes, experience is the best teacher in smoking too!*

DURING the wartime cigarette shortage, people smoked many different brands. And from that experience millions more smokers came to prefer Camels. Today more people are smoking Camels than ever before.

But, no matter how great the demand, only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.

*According to a recent Nationwide survey:*

# MORE DOCTORS SMOKE CAMELS

*than any other cigarette*

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.

# Debits and Credits

## *From the Sidelines*

Dear Editor:

A word to set forth my qualifications to express an opinion: There are four R.N.'s in my family and I married one!

Your Debits and Credits column is interesting to read and gives one much to think about. There is an undertone of unrest quite apparent in all letters submitted to your column.

Your readers seem to fear the encroachment of labor upon the nursing profession when they offer the "bait" of more money to an overworked and underpaid group or profession. My advice is to take heed of the methods used by organized labor. There is much to learn from it.

The greatest failing with your profession is that it feels too dignified to put forth militant effort to increase wages and improve working conditions. The plea of the hospitals about high costs and operating losses should fall upon deaf ears. Why should the nurse, by her low wages and long hours, subsidize hospitals?

In most of the districts, high offices are held by officials of hospital staffs. A nurse can never get unbiased consideration in an increase of pay. Can't something be done to correct this?

Basically, the writer is pro-labor and anti-union, but if organized labor can advance the wages and better the working conditions of the R.N., then more power to labor.

Do not ridicule the idea of the R.N. joining a union. Instead, give the unions a no-quarter scrap in advancing your own fight. If your group can't obtain for the nurse what she deserves, then the nurse will get it from another source. Why let that source be a union?

W. F. Marion,
Louisville, Ky.

## *Unwanted?*

Dear Editor:

What has happened to veteran nurses? Why are they not going back to the hospitals? One answer to these questions is found in the very hospitals that are crying for nurses: They have been known to say they don't want ex-service nurses!

The first time I heard this remark I couldn't believe it. The second time I heard it, I was in a different city a few hundred miles away and would not have believed it then, except it was a chance remark made quite innocently by a general duty nurse. When I questioned her as to why her

superintendent didn't like ex-service nurses, she answered it was because they were considered lazy and wanted too much money.

Being a veteran, it was easy to see both sides of the picture. Naturally, the hospitals still want to pay wages in keeping with the dark ages, at the same time expecting each nurse to do the work of three. Girls who have been in the service have had an opportunity to look at the situation from a different point of view. Nurse-veterans have come to the conclusion that as long as they allow hospital administrators to walk over them, they will continue to do so.

Superintendents of nurses said they didn't want nurse vets, rather than concede to their request for better wages and working conditions. It could be hospitals are indulging in a bit of the "sour grapes" attitude.

It is for this reason I am getting out of nursing. I am going to school under the G.I. Bill and am planning a new career where, even if the pay isn't much better than an R.N.'s, I will feel I'm wanted and appreciated.

R.N., LONG BEACH, CALIF.

## *Will to Serve*

Dear Editor:

I am sorry that nurses are contemplating a union because, in my estimation, it will lower the standard of our profession. We are only hurting ourselves and compelling hospitals to allow practical nurses to help them.

We are here to serve the less fortunate and sick and not to see how much money we can make or how many hours we can cut down in a

## What a difference from their daughters!

From middies to "midriffs"—bloomers to bobby socks! There've been some changes, all right, in the past generation. More, in fact, than you might suspect. For one thing—Betsy Co-ed's grown *taller* since mother played center on the basketball team!

Today's average college girl has added an inch and a half over the class of thirty-odd years ago. That's what the measuring yardstick at Vassar, Smith and Barnard shows. And the University of California reports the increase often touches two whole inches!

This doesn't mean we're raising a race of Amazons. The average height of men has been going up, too. But it does mean younger folk have *better* foods to "grow on."

Many of them are developments of National Dairy Laboratories—for the very good reason that milk, nature's most nearly perfect food, offers virtually all the raw materials of modern nutritional research.

Fortunately, National Dairy is organized to turn the findings of such research into the reality of new foods. The efforts of a great team of experts are combined to bring you better foods—and more of them—than mother ever dreamed of when *she* was a girl!

*Dedicated to the wider use and better understanding of dairy products as human food . . . as a base for the development of new products and materials . . . as a source of health and enduring progress on the farms and in the towns and cities of America.*

week. And the poor who need help will have to depend on general care, for only the rich can afford three special nurses.

I would rather serve the poor and make only enough to pay my expenses and save a little for old age.

R.N., ALLISON PARK, PA.

## *Men Vets*

Dear Editor:

. . . Veterans Administration, under new and inspired leadership, is rapidly building one of the finest nursing services in the world. Welcome, brother. Come on in. We need you in our "Total Push" program.

BOYDE C. MARSH, R.N.
BRONX, N.Y.

## *O Tempora!*

Dear Editor:

I am working at general duty again after 12 years of private duty, school nursing, etc. I find considerable changes. Perhaps it is because this is not a training school. Every nurse seems to think she is the boss and the superintendent dares not say a word to her or she quits.

And such lack of nursing care! Surgical patients without a back rub or change of linen for days. No one seems to care how long the patient has to wait before his light is answered. Babies in the nursery are left wet and dirty while the nurse jokes in the hall.

I guess I'm just old fashioned. We were taught the patient came first. Now the doctor is first and the nurse a close second. Of course, there are

# *MEAT...in special form for*

# High-Protein Diets


*All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.*

## Swift's Strained Meats

**provide a palatable source of complete, high-quality proteins for soft, smooth diets**

**Swift's Strained Meats,** developed by Swift & Company for feeding to infants, provide an excellent basis for high-protein diets in adults, when the patient's condition necessitates soft, bland mixtures for oral or tube-feeding.

**These *all-meat* products** offer a palatable, *natural* source of complete, high-quality proteins, B vitamins and minerals. Swift's Strained Meats are convenient to use—come ready to heat and serve. They provide a tempting variety, accepted by patients even when normal appetite is impaired: beef, lamb, pork, veal, liver and heart.

**Prepared** from selected, lean U. S. Government Inspected Meats, carefully trimmed to reduce fat content to a minimum. Swift's Strained Meats are especially suited to high-protein, low-residue diets. The meats are strained so fine they may easily be used in tube-feeding. Each vacuum-sealed tin contains 3½ ounces.

*We will be glad to send you complete information and samples of Swift's Strained Meats, if you will write: Swift & Company, Dept. BF, Chicago 9, Ill.*

**SWIFT & COMPANY · CHICAGO 9, ILLINOIS**

still some good, conscientious nurses. But so many others have no idea of service. They just want to get through as fast as possible and go off duty.

R.N., CASPER, WYO.

## *Moot Question*

Dear Editor:

No one seems to be doing anything about the present shortage of registered nurses. Why don't they again institute training schools in good hospitals with maintenance and cash allowance for students, as they did in past years? I feel that the presence of student nurses in the hospital is a stimulus to good nursing and also relieves the burden of overworked general duty nurses.

Additional training and instruction could be obtained in larger hospitals by the students as affiliates.

I'm sure many girls would enter nurses' training if they had assurance of full maintenance and allowance while in training. This would solve the registered nurse shortage.

R.N., STOCKTON, CALIF.

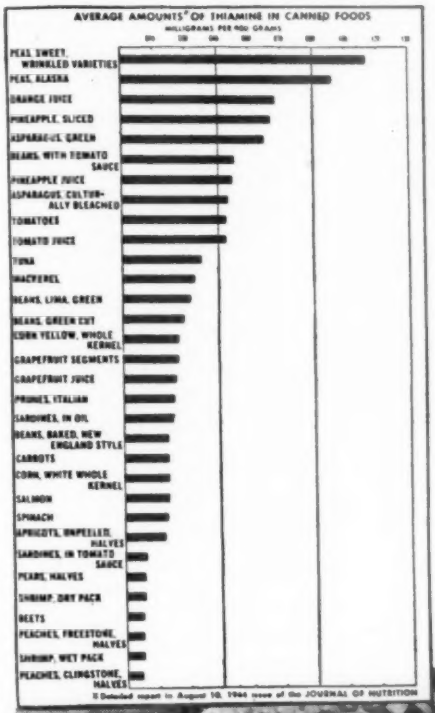
## *Correction*

Dear Editor:

Your article on modern oxygen equipment [R.N., Feb.] was excellent. However, as a company engaged in operating oxygen equipment in many of the leading New York hospitals, we must differ with you on the statement that a minimum of 6 liters per minute is usually required to maintain a 50 per cent concentration. [*Turn the page*]

# IT'S NET FIGURES THAT COUNT!

**FACTS now available! Average net amounts of 12 nutrients in the most frequently consumed canned foods**




**Nutrition tables** have long been available for all of the foods covered in this series of advertisements. However, as you know, the figures usually quoted in such tables are *gross* figures for raw, uncooked foods. Such figures do not take into consideration widely varying deductions for losses occurring in transit from field to market, to kitchen.

**Not so** in the case of the typical figures shown for thiamine, in the chart on left. These figures, based on research at 5 universities, are actual, *net* values in cooked, ready-to-eat-or-heat food packed in cans...proof of high vitamin and mineral retention throughout the canning process.

We think the facts justify your sincere recommendation of canned foods as a source of low-cost nutrition. We frankly request your support. A series of 12 charts on the actual nutritional values of the most frequently consumed commercially canned foods is now available in booklet form. For your copy, please address: Can Manufacturers Institute, Inc., 60 E. 42nd St., New York 17, N. Y.

We consider that nothing below 8 liters per minute is really safe because of the possibility of excessive carbon-dioxide buildup at lower liter flows. And there are very few tents at which 50 per cent can be regularly maintained at less than 10 liters.

We put on many demonstrations on oxygen therapy techniques before nursing groups and find the interest great and the need for instruction even greater. If you plan further articles on the subject, we think it might be wise to emphasize how helpful a nurse can be in conserving oxygen if she will refrain from opening the tent unnecessarily. The illustration which faces page 36 is an example. A well instructed nurse would have closed the canopy over her arm so that the opening was as small as possible.

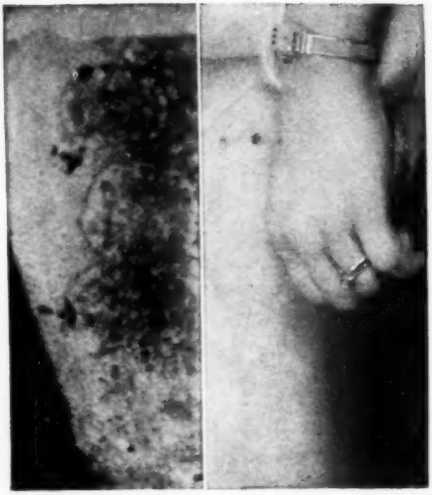
WILLIS G. GRAY, PRESIDENT
SCULLY-WALTON COMPANY
NEW YORK, N.Y.

## *Unworried*

Dear Editor:

Why all the antagonism against practical nurses? I believe there is no such thing as a registered nurse having any feelings whatsoever regarding a practical nurse. Why should she, when there is absolutely no comparison? Good hospitals do not employ practical nurses, and an R.N. who really knows her job need never work in any hospital but the best!

ALICE HANSEN, R.N.
HARVEY, ILL.



Composite photograph of a case of psoriasis of 15 years' duration cleared up after 8 weeks of therapy with MAZON.

STUBBORN skin conditions which have defied other therapeutic measures are often brought under control quickly with MAZON.

For more than twenty years physicians have prescribed this effective combination of pure, mild MAZON SOAP and antipruritic, antiseptic, antiparasitic MAZON OINTMENT in the treatment of acute and chronic eczema, psoriasis, alopecia, ringworm, athlete's foot, and other skin irritations not caused by or associated with systemic or metabolic disease. MAZON Ointment requires no bandaging; will not stain clothing.

Try it on that "difficult" skin case and you will prescribe it routinely.

**Prescribe *both* MAZON Soap and MAZON Ointment for best results. Available at all pharmacies.**


MAZON

**BELMONT LABORATORIES CO.**
**PHILADELPHIA, PA.**

# *The Doctors' Album of New Mothers*

## NO. 18: EAGER MRS. EWALD

Mrs. Ewald is an eager-beaver. Eager to make friends and go about socially, as well as produce offspring!

So it's a great cross for Mrs. E. when her first-born turns non-co-operative: squirms and won't go to sleep when she's anxious to get out; always seems to be wailing when she wants to show him off.

But it doesn't occur to her that this fretting and anti-social activity might be the result of chafing and diaper-rash discomfort.

Finally her doctor, consulted, suggests dusting her little rebel with Johnson's Baby Powder.

Johnson's Baby Powder helps relieve diaper rash, chafing, prickly heat.

More doctors and nurses recommend Johnson's than all other brands of baby powder put together!


**JOHNSON'S BABY POWDER**

Johnson & Johnson

# "You are to take over," he said!

I WONDERED why most doctors *insisted* on "Lysol" for disinfection of sharps, for preoperative and for postnatal care. So I asked the reason.

"Simple," said the doctor. "A *dependable* disinfectant is *vital* in those instances. And 'Lysol' brand disinfectant with its phenol coefficient 5 (more than twice that of ordinary U.S.P. cresol compound), does a *real germ-killing job* more economically."

From then on, I started requisitioning "Lysol" for all of my work that required disinfection. "After all," I reasoned, "dependable disinfection is essential *everywhere* in *any* hospital. And for cleaning such things as walls and floors, the greater strength of 'Lysol' must mean economy."

Later, the doctor called me in and said, "The super is leaving, and you are to take over. Your excellent work in the past assures us that you'll handle your new assignment efficiently."

"Well! You can imagine—it's 'Lysol' for *my* hospital . . . from *now on!*"


LEHN & FINK PRODUCTS CORP.
683 Fifth Avenue · New York 22, N. Y.

Lysol
Disinfectant
*Product of Lehn & Fink Products Corp.*


Dr. Grantly Read of London, England, asserts that childbirth is a natural function of the body and it was not intended that pain be associated with normal labor. From his investigations, he concludes that such pain results from fear of delivery which causes a spasm of the uterine muscles causing violent contractions.

*The Census Bureau estimated that there were about 470,000 more women than men in the U.S. in 1946.*

Dr. R. C. Batterman reported in the *Yale Journal of Biological Medicine* that in a series of studies, placebos produced analgesia in about 40 per cent of the cases. Furthermore, it was possible for the patient to become addicted to the placebo and demand its continued administration.

*Metropolitan Life Insurance statisticians report that American wage-earners and their families in 1946 had a life expectancy of 65.6 years.*

The American Dental Association reports that dental caries no longer offer a valid reason for loss of teeth. It insists that xray examination is a *must* to detect cavities and adds that there is no powder, paste, or liquid dentifrice which in itself will prevent tooth decay nor, at the present time, any chemical or antiseptic compound for home use which will give this protection.

*Writing in the* American Journal of Diseases of Children, *Drs. Richard W. Blumberg and Harold A. Cassady pointed out that a measles infection was more effective in causing abatement of nephrosis than any other curative agent used.*

According to three English doctors writing in *The Lancet,* the risk of added infection in burn cases is closely related to success or failure in keeping the burnt areas adequately dressed. They suggest sterile gauze, covered by wool about one inch thick and secured by crepe bandages and adhesive or, for children, a thin shell of plaster-of-paris.

*In the Wesleyan University laboratory, mice are being studied in an effort to eliminate deformed spines in newborn babies. Mouse tails, of the kinky and forked variety, are nothing but elongations of the spinal*

*column and provide a good subject for studying hereditary defects of the spine.*

°

Dr. C. C. Burlingame, chief psychiatrist of the Hartford Retreat, states that giving patients tasks such as making baskets and polishing floors is psychiatric nonsense. Writing in the *J.A.M.A.*, he maintains "that sound physical medicine and psychotherapy in the form of personal tutoring" is the most important help that can be offered to the mentally ill.

°

*In the J.A.M.A., Drs. A. Hoyne and R. Brown report that in the 116 patients treated, penicillin proved as good a therapeutic agent for scarlet fever as convalescent serum and was superior to the sulfonamide drugs.*

°

In the *Medical Missionary*, Sister M. E. Wijen, S.C.M.M., M.D., suggests that India's 450,000 annual deaths due to preventable and curable cholera could be reduced first, through instituting controls over drinking water, sewage disposal, and food, and second, by bringing the hospital to the patient by means of a mobile medical unit.

°

*The Rhode Island Medical Society and the Providence Medical Association, in an effort to reduce incidence of tuberculosis among hospital personnel, recommend that: Graduate nurses have an initial chest or photofluorograph and repeat every year (every 6 months for those 30 or under) and on completion of service.*

## HIGHLY NUTRITIOUS . . .
## YET PALATABLE AND SATISFYING

To accomplish their desired influence, dietary supplements must be tasty and appealing. Otherwise, refusal by the patient will defeat their very purpose.

The food drink made by mixing Ovaltine with milk ranks high in nutrient content and palatability. It provides generous amounts of virtually all essential nutrients including ascorbic acid, in readily digestible, thoroughly bland form. Its delicious taste is appealing to all patients, young and old, who drink it with relish in the recommended quantities—two to three glassfuls daily. This amount, as can be seen from the table, readily complements to adequacy even a poor daily dietary. This nutritional supplement finds application when nutrient intake must be raised, in subnutrition, after recovery from infectious disease, during chronic debilitating illness.

**THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.**


*Ovaltine*

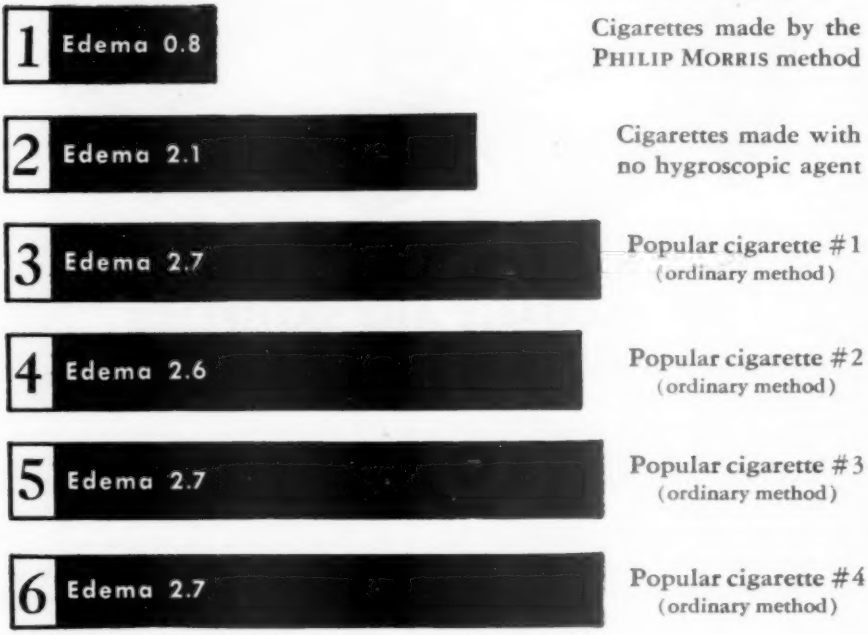
**Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:**

| | | | |
|---|---|---|---|
| CALORIES | 669 | VITAMIN A | 3000 I.U. |
| PROTEIN | 32.1 Gm. | VITAMIN $B_1$ | 1.16 mg. |
| FAT | 31.5 Gm. | RIBOFLAVIN | 2.00 mg. |
| CARBOHYDRATE | 64.8 Gm. | NIACIN | 6.8 mg. |
| CALCIUM | 1.12 Gm. | VITAMIN C | 30.0 mg. |
| PHOSPHORUS | 0.94 Gm. | VITAMIN D | 417 I.U. |
| IRON | 12.0 mg. | COPPER | 0.50 mg. |

*Based on average reported values for milk.

# How irritation varies from *different* cigarettes

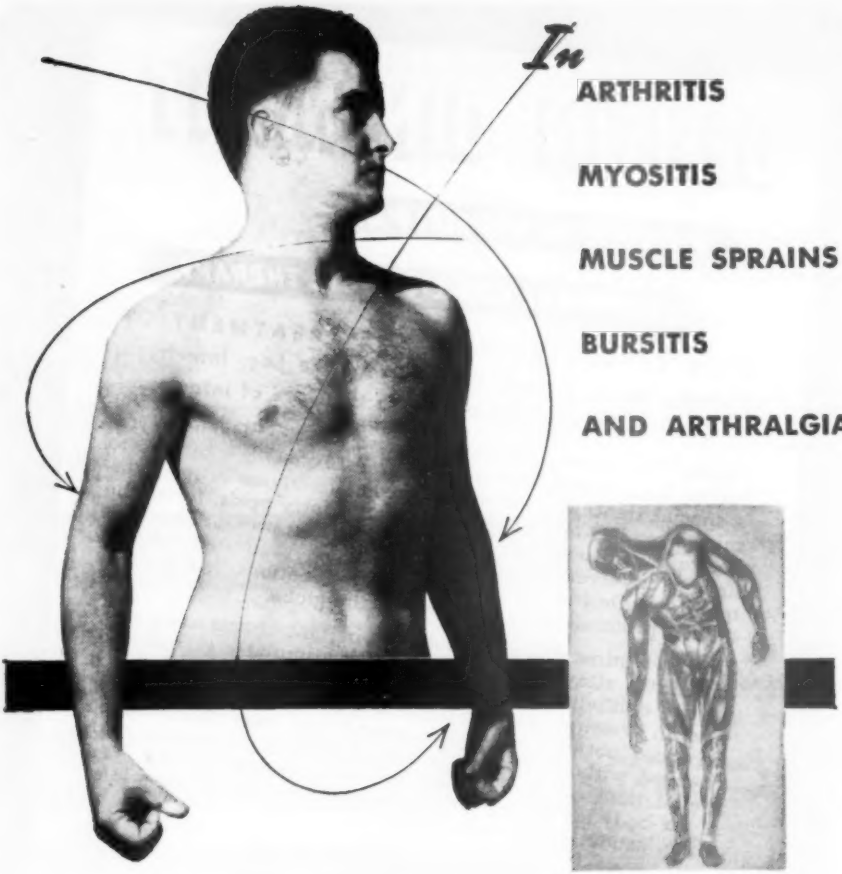
***Tests* made on rabbits' eyes reveal the influence of hygroscopic agents***




**CONCLUSION:*** Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

**CLINICAL CONFIRMATION:**** When *smokers* changed to PHILIP MORRIS, substantially every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

**N. Y. State Journ. Med. 35 No. 11,590 **Laryngoscope 1935, XLV, No. 2, 149-154*




**OBJECTIVE IMPROVEMENT** may be achieved through the beneficial influences exerted on the pathologic processes by the active hyperemia induced by a Baume Bengué massage.

**SUBJECTIVE IMPROVEMENT** is evidenced by a comforting sensation of warmth and relief of pain which may result from the combined local and systemic effects of Baume Bengué.

Percutaneous absorption of methyl salicylate not only reinforces the topical effects of Baume Bengué but can enhance other systemic measures used to combat the underlying disease processes. The proof of the systemic effects of such preparations was established by the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott.

**Baume Bengué**
ANALGESIQUE

*Baume Bengué provides* 19.7% *methyl salicylate,* 14.4% *menthol in a specially prepared lanolin base.*

THOS. LEEMING & CO., INC., 155 E. 44TH ST. N.Y. 17

# R.N. Speaks:

## One Day's Pay for One Free World

IS THAT TOO MUCH to ask of thinking people? That is what Dr. Aake Ording, a Norwegian delegate to the United Nations, asked 6,000 nurses attending the Ninth Congress of the International Council of Nurses in Atlantic City, last month.

Dr. Ording's appeal to "SAVE THE CHILDREN – SAVE THE PEACE" was one of the most dramatic papers given at the five day conference. His humanitarian plan to get workers in all countries to give the equivalent of a day's pay for the rehabilitation of children of devastated countries was conceived while debating for post-UNRRA relief.

"Sixty million children need to be fed," said Dr. Ording. The sum needed to accomplish this, based on six cents a child, per day, would cost less than twenty dollars apiece annually. The total figure, six hundred million dollars, supplemented by a similar sum contributed by the receiving countries, will amount to less than two days' expenses for the war –on the part of United States, United Kingdom, and Canada alone.

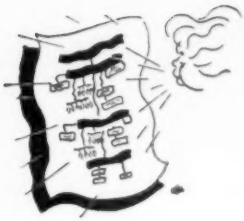
Dr. Ording believes there can be no peace in a world where more than half of its population are undernourished; more than a third are facing starvation; and sixty million children are depending upon foreign relief. If such a sum could be spent for TWO DAYS OF WAR, is it too much to contribute toward a like sum for ONE DAY OF PEACE?

There can be only one objection to Dr. Ording's humane program—it does not go far enough. How can there be peace when adults, many the parents of these children we are asked to help, are not aided also? How can minds be receptive to the philosophy of peace when empty stomachs predominate their thinking?

Representatives of 55 nations at the U.N. and 39 nations at the I.C.N. unanimously passed on this resolution: One day, everyone everywhere, should contribute one day's pay or a similar measurement to conquer starvation among the world's children.

As admirable as the gesture may be, no number of resolutions will accomplish the alleviation of the unspeakable suffering now existing unless we, as world-citizens, make this an effective international program. If we do, we can look forward to that day when, all over the world, people will be thinking the same, and doing the same, for the same purpose.

Alice R. Clarke R.N.



# DISCUSSION OF RICH PLANS

*An abridgement of the forum conducted by the American Association of Industrial Nurses at their annual conference in Buffalo, New York, on May 2. The speak-*

## *Dr. Cherin Said:*

. . . While coming here, I read through the structure study report for about the hundredth time. Although I had a good deal to do with preparing the report and had a rather large hand in writing it, each time I read it, I learn something that I didn't see before and I find new confusions in it . . .

When we began the study, we discovered a few things that I think most nurses don't appreciate. As outsiders, I think we are in a position to see them. We regard nursing as the most progressive profession on this basis. Let me give you a few facts to prove this conclusion. To begin with, nursing is the first profession to have organized an international professional association, the International Council of Nurses . . . That is progressive step number one, and nursing [did] that at the end of the 19th Century, not a long time ago.

Looking over the field, too, we found that a very good-sized piece of our work in such studies had already been completed. Nursing had undertaken through the National Nursing Planning Committee of the National Nursing Council to make a complete review of the programs of the various nursing organizations and of the problems facing the nursing profession as a whole . . .

That comprehensive program which takes up the various problems of nursing, tries to correlate them and integrate them into large blocks which could be attacked on a well-developed plan. On the basis of an integrated approach, that plan represents the most progressive program ever put before a profession. No professional group had made such a profound study of its problems, or comprehensive statement of its goals.

THE NURSING profession is the first profession to undertake a complete study of its structure. Practically every other profession has played with the idea for a great many years. We come across statements on the part of the medical profession, the legal profession, the engineering profession, all of them striving to find some solution to their organizational difficulties, and many of them now contemplate fundamental studies of their structure . . . So you have led the field, too, in this case.

Now you stand on the threshold of adopting [*Continued on page* 60]

## *FOR NURSING RE-ORGANIZATION*

*ers were William Cherin, PH.D. of the Raymond Rich Associates and Miss Janet Geister, R.N., chairman of the A.A.I.N. Advisory Council.*

# *Miss Geister Said:*

. . . All of us, I think, will agree that we are in a grave crisis. It is one reason that so many nurses come together and give these Rich plans such careful thought. We want to restore the faith in nursing inside and out, strengthen it, and help it come into its greatest usefulness, for no profession has more enduring satisfaction . . .

But will either of the Rich plans hasten our Utopia? If we adopt one next week or next month, or September at the House of Delegates Meeting, are we going to be able to dive right in and do something about these situations? . . .

The first job we have is to tear down what we have got. You know tearing down a house takes time, too. There are legal matters, distribution of property, and it's tearing down six national organizations, changing the district and state organizations. Then the section and district associations have to help create the House of Delegates; the House of Delegates creates the Academy of Nurses; the Sections must create their Directing Council; the Directing Councils create the Specialty Boards; and the Specialty Boards determine who is to be the initial group of Fellows in the Academy. All of those things are dependent. Every new policy, new ruling, new procedure has to be worked out, and somebody has to agree on it. Then it may have to pass to another group to be agreed upon . . .

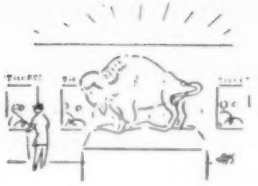
Now we say, can we hurry? Work Shop Guide No. 5 says if all were unanimous on the changes, perhaps the plan could be launched within a few weeks. Well, I think that is a real gem. Maybe it could be launched, but it would take years to get into the making, and in the meantime, are we standing still? Every program is going full tilt . . .

[As we see our present setup], we know we are cumbersome and kind of clumsy and creak in spots. We know there is a need for certain changes [but] before we scrap all [our] machinery, let us practice the three D's: *Delay* until we know more of what is wrong and right. *Discuss* until we know enough to evaluate the new plans. *Deliberate* on the best way to gear our machinery to today's needs . . .

Today, nursing is big business. But whose business is it? Is it our

business? Is it the public's business? Or is it our joint business? The struggle for the control is a mighty one. We have got to watch as we have never watched before where we place the power . . .

I started ten or twelve years ago criticizing the setup and said we were too engrossed in machinery. We weren't making our machinery do enough for our nurses. We were letting committee power stay in the



hands of too few. We weren't developing young leaders. Our members weren't informed enough. We had little machinery for getting opinion to and from the nurses.

## *From the Floo of t*

MISS POLLY ACTON, (New York, N.Y.): *Dr. Cherin, couldn't the lay people be considered as auxiliaries to aid the nursing organizations without taking them into membership?*

DR. CHERIN: Yes, as a matter of fact, that is possible. In Plan I you will notice that we suggested that you could extend the number of restrictions on the participation of lay members in any district that you like. You can, of course, place such restrictions on lay membership as to make their membership almost entirely honorary or auxiliary. We recommend against that because the history of organizational life indicates that the more you let people participate, the more intensive help you get from them.

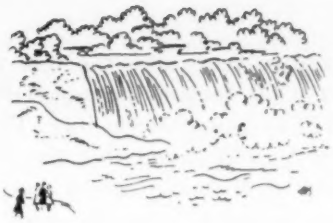
MRS. MUELLER (Cleveland, Ohio): *I would like to ask two questions. First, did I understand Dr. Cherin to say that on this final board of group of consultants there were no nurse representatives, or there were?*

DR. CHERIN: Not on the final board.

MRS. MUELLER: *In your survey did you make a study of the organization for social workers? It has been my understanding that the National Association of Social Workers did this very thing and accepted lay people into their membership. They are just simply snowed under and are trying desperately now to break away.*

DR. CHERIN: Let me say in answer to the first question, and in clarification of it . . . we worked with nurses; with the committees of the six organizations; and with the structure study committee which represented the six organizations throughout the study. We checked over the final plans with nurses and with the structure committee.

What we wanted to do in this meeting with the Board of Consul-



But I never criticized the structure. I never wanted to tear down the house. I was always criticizing our ideas, our habits, and bad customs, and the way we used or misused our structure. I shot many of my arrows at the ANA. Why? Because it was the most powerful, and it is our organization. I believed, as I believe today, that the remedy has to come with focusing thought on what is the job of the ANA.

We are constantly asking for the ANA to recast its purposes in terms of today.

The greatest source of our troubles does not spring [*Turn the page*]

## *of the Forum*

tants was to get the light thrown from professions other than nursing on this problem. I think the report got out that somehow or other we let this Board of Consultants decide what our recommendation would be. It wasn't that way at all.

Now the second matter. So far, I am afraid I don't know the factual basis of this report. There is a group in social work which was formed just last year, the Social Work Assembly, which is dedicated to the principle of trying to enlist the cooperation and the participation of lay members in social work.

As I understand it, one of their greatest complaints is that this assembly still remains almost 99 per cent professional social workers.

Miss Elizabeth Hall (New York, N.Y.): Dr Cherin has said that the medical profession would be considered lay people by us as also would be the hospital association members. They are the two groups whom we would probably pull in, in large numbers, and they are the two groups with whom we have the most difficulty selling ourselves as a professional group and remaining in an educational strata that we wish to keep. [They] would like to tear down our educational standards which we have worked so hard to bring up. If we get an overload of those people we are going to have perhaps more difficulty in holding onto what we now have.

Miss Alma A. Anderson (New Jersey): *Dr. Cherin, is it not true that we had a semi-official body composed of lay people conducting the recruitment for nurses during the recent conflagration, and was there not a bottleneck in that recruitment?*

Dr. Cherin: Well, as a matter of fact, in practically every recruitment campaign that has ever been conducted laymen have been involved. After [*Continued on page* 82]

from structure but from our peculiar ideas of loyalty and ethics. That old "I command–you obey" tradition followed us from the ward right into our organizations . . .

THE RICH PLANS would not only tear down the house of the first family, but all the kinfolk too, and would build us a modern skyscraper wherein we would all abide. Are the Rich Plans the answer? No matter how objective I strive to be, I always return to the conviction that if we move into the new house with our old ideas, we would be simply trading houses. Our old ideas will mess up the new house as much as they messed up the old house . . .

I believe the Rich Plans were intended to give us something to talk *to*. I have felt that and I felt it more today after I heard Dr. Cherin talk. It is something to debate about, to center our thinking. It gives us concrete ideas for discussion . . . I do not believe that either plan as it stands is for us. I believe we should study every idea the plans advance, but as blueprints for action I think they are too revolutionary in scope. They take in too much territory in one fell swoop . . .

I think the plans want to bring every nurse and nursing interest into one body or even into two closely allied ones. I think the job is too sudden and too big for us to tackle on that basis . . .

I believe that the survey had to be done too hurriedly. I don't blame the Rich people for that. I blame the people on the committee who waited almost two years after the vote was taken at the Biennial here in Buffalo in 1944 to take action in June. Then, in April 1946, voted that the Rich people shall undertake a survey, make a study of six country-wide organizations, get a report okayed by the committee, print it, all rolled up and packaged and delivered to us at the September Biennial . . .

I think what the Rich people turned out for that hurry is a swell job. I admire the work that they put in on it for doing it in such a great hurry, but I think that the thing was done too fast . . .

Now, there is something more than a desk job involved in a survey and bringing facts together. An organization has both a body and a soul. You can't separate them . . .

I think if our surveyors had not been hurried, if they had gone to widely-flung district meetings, the setup for districts would not have been unrealistic as I think it is. Our district boundaries are not set up in terms of numbers. Our nurses [who] set up our district boundaries are hard-headed women. They set it up on the basis of transportation. It is a whole lot better than setting it up on voting scheme, democratic as that might be.

What are the districts for? They are family gatherings. That is where we can all come right up against the realities of life. The hospital is in the district; the nurse works in the district. So the job is to get the line up in the district so that as many nurses as possible can get to a district meeting often, and the question is pri-

marily one of transportation. But this new division that automatically says not less than 500 in a district, not more than 2,000—well . . .

Plan I gives us one huge body, one type of member being the professional nurse. Under it, there would be no other national body anywhere concerned with nursing. We would all be together. But would we be? Who could stop any of us from starting up another organization? The very existence of one organization isn't going to keep me, if I want to, if I can get somebody to walk in behind me and be a member, from starting an organization — and wouldn't somebody be tempted?

Is huge size without competition desirable? I am one for wanting competition a little bit. I think it is good. Huge size means huge machinery. According to Margery Davis' study, we would [*Continued on page* 50]

## *Britain Previews Bed of the Future*

PLANES CONTROLLED from the ground; radar stoves for cooking, and now the bed of the future has been unveiled. Resembling a Dutch shoe in design, the bed was shown recently in a "Britain Can Make It" exhibition in London.

Air conditioned and electrically heated, it comes equipped with a dashboard control panel so that the owner, while zipped inside the plastic envelope covering, can control the temperature.

It is mounted on tubular metal tracks and has an air space between the outer shell and the internal suspended mattress. A fan circulates thermostatically-heated air through the insulated space between the outer and inner shells of the bed.

A sleeping bag with washable plastic apron makes the bed hygenically desirable for hospital patients, or, the manufacturer adds, for hot climate sleeping.

The immediate practical value of the bed is left to the conjecture of the exhibit visitors who stand in wonder before the revolutionary sleeping aid.

# *The Nursing Story of the Texas City Disaster*

by Dorothy Sutherland

THE WATERFRONT AT TEXAS CITY after the explosion was a Little Anzio on Galveston Bay. Over the shattered shore line hung the sound of long range guns, the odor of human flesh, smoke clouding the sky, the smell of burning chemicals. You could not view the hot, twisted ruins without being again in a zone of combat, a ruined village near the front, or any of the beachheads of the war. Only this time the wounded were all civilians and the enemy was a pile of innocent looking stuff ironically intended as fertilizer. It was one of the most disastrous civilian catastrophes of all times, and the nurses were right there, on the job and ready to serve.

I went on a U.S. Engineer Department launch up into the slips where the Grandcamp and High Flyer had blown up, and we could see the remaining ammonium nitrate still burning under the debris on the piers, burning with steady determination like the hot bed of a well planned fire and sending up a sickening blue acrid smoke.

Almost before the smoke of the first explosion began to fill the sky, nurses rushed to the scene of the disaster. They came not only from Galveston and the immediate vicinity, but from towns as far away as Houston and Beaumont, leaving personal affairs unattended in order that they might help in rescue work and first aid. Later they poured in by plane, bus, and train from Dallas, San Antonio, Port Arthur, Corpus Christi, from all over Texas and nearby states. They went with doctors and rescue workers right up into the devastated area, helped pull victims out from under debris, and gave first aid on the spot.

As soon as word of the disaster hit the wires, 4th Army Headquarters at Ft. Sam Houston moved to ship Army nurses from Brooke General Hospital and from Randolph and Kelly Fields to the disaster. Meanwhile, American Red Cross Area Disaster Headquarters in St. Louis swung into action, notifying local chapters near Texas City and in southeastern Texas of specific needs.

Army nurses reached Galveston air field early on the evening of the first explosion, just in advance of Miss Irene Thompson, assistant director of ARC disaster nursing service in St. Louis. Under the command of Major Elizabeth Fitch, the ANC's went at once to nearby Ft.

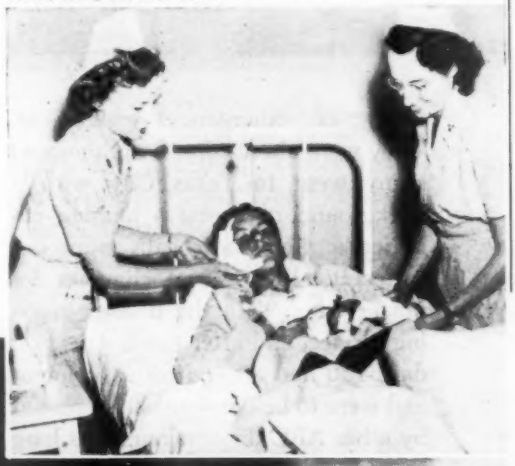
Crockett and reopened the Station hospital, making it ready to receive casualties. Those who were not immediately needed were put to bed so as to be fresh for duty next day, and the others went on call for assignment to Galveston hospitals as relief nurses throughout the night.

By midnight Miss Thompson had made a complete tour of the three civilian hospitals where the majority of major casualties were receiving care, and knew how many nurses to call for the next morning.

Local nursing services were hard pressed for help. With no warning, they had been obliged to expand their available staffs to care for some six or seven hundred seriously injured. They received gratefully, therefore, the assistance of Army-trained combat teams and of volunteer nurses, especially those with good experience in shock or surgery.

The Army nurses were classified en route by Major Fitch as to spe-

Brooke Army Medical Center



*Oil tanks went up one by one—with black smoke enveloping 15 mile area. Seagulls were found inland as far as San Antonio, while dazed townsmen waded thru oil on Galveston beaches.*

Palmer, American Red Cross

cialty or emergency assignment. They were about fifty in number and many went to Texas City with a background of overseas nursing experience. Red Cross calls went out systematically to local chapters for nurses enrolled in the disaster nursing service, and after the first several days 150 had arrived for assignment and were to be continuously replaced by other ARC disaster nurses as long as additional nursing care was needed in the vicinity. Hundreds of nurses who went to Texas City on their own were integrated as rapidly as possible into the Red Cross disaster setup and assigned where most needed. A large percentage of the civilian volunteers had been former Army nurses.

But since this is the story of what a gallant group of women accomplished in a time of dire need, I'd like to repeat to R.N.'s readers some of their own impressions of the events in Texas City:

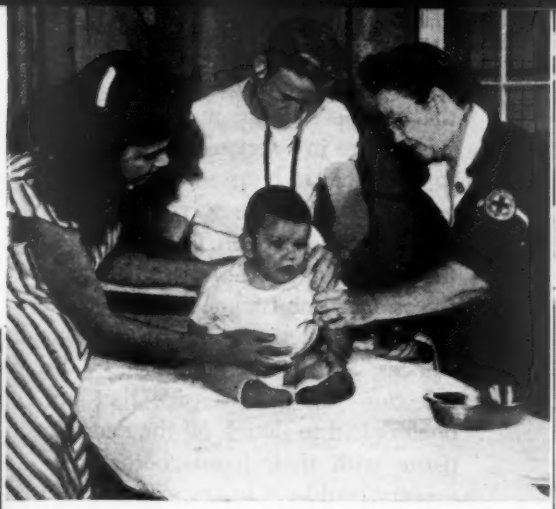
Capt. Elizabeth Carville is a nurse anesthetist from Brooke General Hospital. Assigned to surgery, she said that the tragedy on people's faces kept the nurses working until they were ready to drop.

"We had a taste of the explosion ourselves when the High Flyer went up. We rushed to the windows in time to see flames 12 miles away shooting up into the sky. Smoke mushroomed out exactly like pictures I had seen of Bikini.

"The city was a mass of debris. We spotted huge pieces of hull from one of the ships that looked as if a giant had crumpled them in his hands like tissue paper. From the burning Monsanto Chemical plant, heat had welded together hundreds of automobiles parked nearby. I saw tractors hook onto one car and pull out five or six which had fused.

"The injuries and working conditions reminded me of field conditions in North Africa and Italy—the same torn limbs, and bodies peppered with fragments. Our people worked together magnificently. We started at 3:00 p.m. in a room designated as

*Nurses were flown in on Army transports, and others came at their own expense. Bruised and bewildered, patients of all ages poured into the emergency wards –from the very old to the very young.*



Photos: Palmer, A.R.C

O.R., without linens, instruments, sutures, or any kind of supplies. By 5:00 the first patient was on the table ready for surgery."

Muriel Wisner is a former Army nurse from Rochester, N.Y., now doing private duty in Dallas. Her patient is a chronic case and he agreed that his nurse could be spared. So Muriel hopped a plane at her own expense and reported at Galveston Red Cross, ready for assignment, like hundreds of other young R.N.'s eager to serve. For her first night's duty she drew a contagion ward where an attempt was being made to isolate suspected gas gangrene cases.

"During my entire tour of duty in the Pacific," she said, "I never saw wounds like these. Great gaping holes that extended from limbs well into the torso; body holes big enough for a doctor's two fists. Sometimes damage was too extensive for amputation, and of course every wound was filthy, covered with oil and mud."

But the real problem on this ward, I learned afterwards, was to keep visitors and unassigned medical personnel out. It was set up in an unfinished wing of the hospital where nurses tried to maintain isolation technique without benefit of doors, walls, or running water.

"Some of the time," Miss Wisner told me, "we were overrun with anxious visitors. We didn't have the heart to be severe with them for we knew the terror they would experience until they had found or been able to identify their loved ones. But it was difficult to run an isolation ward under such conditions."

There was a lot of talk about gan-

grene and much rumor to the effect that at one stage as many as 50 patients were in a serious condition due to gas bacillus. Nurses who had seen gas-bacillus damage overseas told me that what they saw in Texas City had the same unmistakable odor, created the same unmistakable and rapid tissue destruction. "In some instances," one of the nurses said, "the infection was so extensive that our doctors had to slough off the necrotic tissue with their hands before any surgery could get under way."

The official medical report, however, denied any considerable gangrene threat. Here's what it said:

"Penicillin, given in a dosage of 100,000 units every hour, seems to have exerted a limiting influence on the development of serious infection. The management of large numbers of patients with multiple penetrating wounds and retained foreign bodies [glass and wood and steel] has been a difficult problem [as] it was impractical to debride each of the several hundred wounds a given patient might present. Suppuration in many of these puncture wounds developed in spite of penicillin therapy, but simple surgical drainage and removal of foreign bodies sufficed for the subsequent management.

"There was some concern temporarily when it was demonstrated that these wounds contained gas gangrene organisms and showed signs of local gas formations. A prompt and thorough survey of the

Photos: Palmer, A.R.C.

*A week after the disaster these young refugees find something to smile about at Camp Wallace.*

*More than 1,000 homeless were housed in this refugee station. Food was Army style; mostly meat and beans with fresh fruit and milk.*

problem by Army representatives confirmed the absence of true gas gangrene. The infection was diagnosed as anaerobic cellulitis, a localized wound infection responding promptly to appropriate surgical drainage and continued penicillin therapy. Serious anaerobic infections were limited to hopelessly crushed legs and arms. Fortunately, there were only five such patients and three are convalescent following amputation. The selected dosage of penicillin has proven adequate without supplemental antitoxin or sulfa drugs . . . "

The mortality rate for all disaster victims was extremely low, a tribute to skillful surgery and excellent nursing care.

At the John Sealy Hospital in Galveston I talked with Ethelyn Peterson, director of the nursing service. This is the University of Texas Hospital and School of Medicine and, in addition to graduate staff, they had on hand medical and nursing students to help out in the emergency.

About 75 per cent of Sealy's faculty and staff are former Army personnel. Thus, under the direction of Dr. Truman Blocker, an adaptation of the Army plan for handling casualties was attempted.

"When the first emergency call came through," Miss Peterson said, "we had nurses ready to go to Texas City. We were told they were not needed there, however, and instead assigned them to clearing our medical wards for surgical cases. We also emptied the entire pediatrics building, transporting the children to our nearby convalescent home, and cleared three floors for the admission, sorting, and disposition of casualties. Private patients doubled up in rooms wherever possible and we sent home many convalescents and ambulatories.

"Army and other teams were a great help in surgery. We put post-op under our own surgical supervisor and supplemented our own staff nurses with Red Cross volunteers. Students as well as graduates took night duty, coming off at 10:00 a.m. Some of the younger girls were reluctant to stop work in the daylight. It was hard for them to realize their own fatigue in face of the work that had to be done."

MISS PETERSON saw to it that laundry supplies and disposal were constant and assigned one of her own nurses to Central Supply until a Red Cross nurse was available as replacement. "There wasn't any supply shortage at any time," she said, "and we didn't have to draw extensively on our own stores. Local tradesmen as well as Red Cross and Army and Navy sent in even more than we needed. No one suffered for lack of medication, linen, mattresses, or other equipment. It was a perfectly marvelous demonstration of community cooperation."

Special equipment, extra surgical and anesthesia supplies were not so plentiful. Although the Army sent in quantities of materiel from medical stores as far west as San Francisco, and the Red Cross shipped plasma

and other necessities, some nurses reporting for duty in Galveston found situations like this: An Army gangrene team assigned to supplement civilian facilities was greeted with the query, "Where's the surgical equipment?" Doctors and nurses learned they had been expected to bring field surgical equipment with them and to set up a complete surgery from scratch. In another instance, a leaky gas machine had to be employed because new O.R. tables had been set up and all perfect anesthesia equipment was already in use. And again, one of the Army nurses produced the only surplus pentothal tubing; she had taken the precaution of bringing it along with her personal equipment.

It was not a case of any hospital being inadequately equipped; it was rather that all facilities were taxed far beyond the usual capacity of surgeries and wards. Nurses and doctors worked 24 hours a day, the first few days. A human being can shift into high gear on demand, but a hospital is not nearly so flexible.

Soon after the first shock of the disaster, arrangements were made to house some 1,200 homeless from the devastated area—mostly Mexicans and Negroes—in Camp Wallace, an Army camp about 14 miles away which had been closed for some months. Here families who had lost their homes, all their worldly goods, and perhaps one or more relatives, were housed in clean barracks. This was under Army supervision at first and then responsibility was assumed by the Red Cross.

When the camp was opened, Lt. Mary Depp was assigned to help open an emergency clinic and Lt. Marilyn Machacek to set up a baby feeding station. They were faced with cleaning and equipping empty barracks-like buildings which had never previously been used for anything remotely resembling their present purpose. Most of the equipment came from Army stores at Camp Wallace acquired by scouring the area with the help of M.P.'s and enlisted men from the 32nd Medical Battalion. Later they were supplemented by supplies from Red Cross.

LT. MACHACEK, who opened the feeding station said, "We had a three-room building with the only running water in a small wash basin. Ambulance drivers helped us clean out an accumulation of debris and to scrub and mop up the place. We found long board tables on the area, a small four-burner stove, and an electric icebox not in use. One of our chief difficulties was in finding kettles in which to boil nipples and bottles. We transformed dressing jars into boilers. But we were terribly short of bottles and nipples. We got some supplies from a nearby Navy base, and 20 nursing bottles and nipples, fresh milk and eggs from Ft. Crockett in Galveston. We also had a case of empty Coca Cola bottles which some of our nipples would fit —but someone picked them up before we could use them, apparently thinking they were empties to be returned.

"After a while we discovered that

most of the babies didn't have any sterile drinking water—the mothers had nothing to boil it in. Some gave them unsterile water with resultant diarrhea. We had to boil water while mothers and crying babies waited for it to cool."

Camp Wallace, up to the time I left, had managed to escape epidemics, although a few cases of measles and mumps caused an early scare. Doctors and nurses assigned to the emergency clinic found, however, scabies, head lice, and body parasites, and within a few days the USPHS sent out a sanitation squad to DDT all refugees.

During the first few days, the clinic was filled with bandaged homeless, many of them badly hurt and in great pain. "The hospitals did not keep anyone who could possibly be handled as an out-patient," Red Cross volunteer Mrs. Katherine Moll told me. "We did scores of dressing changes and our patients were stoic and cooperative. Now and again our attending doctor had to rip out sutures where infection had started in wounds closed too soon. Some amateurs must have been at work at the roadside dressing stations set up near Texas City along with the bonafide doctors. Lots of patients had been sewed up before their injuries had been properly cleaned."

Ruptured eardrums were frequent and, at the clinic, followup treatment of 20,000 units of penicillin every four hours was given.

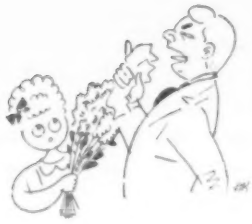
Believe it or not, nurses were also assigned to [*Continued on page* 86]

*Probie*

*"Of course I'm alone, Joe."*

# GESUNDHEIT!

*by Sally S. Linen, R.N.*



SPRING, THAT MANTLES the land in new greenery, is viewed with anything but enthusiasm by 13 million Americans who periodically suffer from allergies. The specific enemy, causing an allergic reaction, can run the gamut from the prevalent ragweed to merely being in a room with a person wearing a silk dress.

More than half a century ago, Jonathan Hutchinson described this phenomenon by his remark: "Idiosyncrasy [allergy] is individuality run mad." When the Reverend Henry Ward Beecher asked Dr. Oliver Wendell Holmes if there were any cure, the latter replied: "Gravel is an effectual remedy; it should be taken about eight feet deep." Although said in jest, it is probably what many sufferers have thought at the height of their discomfort. For the one out of every ten individuals who today have allergic complaints and a further five who are potentially allergic, only a palliative treatment can be offered. It is a disease with which people will just have to learn to live.

The most usual types of allergic reaction materialize in asthma, hay fever, skin reactions, and serum sickness. These may be directly caused by almost anything environmental, and indirectly, by mental anxiety and/or an inherited susceptibility.

Dr. W. Langdon Brown describes the reaction as "a fierce and frightened attempt on the part of the cell to conserve its chemical identity." When a person becomes sensitized to a foreign agent (an allergen), antibodies are formed and the cells react by releasing histamine or a like substance. As the histamine is diffused, a protective response takes place which is demonstrated by the clinical symptoms of an allergy. Histamine alone is not the complete explanation for the symptoms of anaphylactic shock or clinical allergy, but it does present a useful working concept.

The obvious answer in treatment would seem to lie in preventing the histamine problem from arising in the first place. For many years it has been recognized that a symptom can be cured by avoiding contact with the specific allergen. Also, it is sometimes possible to greatly lessen a reaction with slowly increased injections of the offending allergen. To find this specific causative agent necessitates long series of tests with many different allergens, usually by the intra-dermal injection method. When such measures are impossible or impractical, the problem must be met in another way.

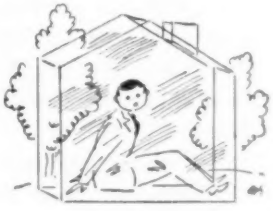
Directly based on the physiologic changes which bring about an allergy are the anti-histamine drugs. They are fast becoming a popular method of treatment. Contrary to popular belief, all the "antihistamine" drugs are not particularly "new" discoveries. Nor do they always promise relief of symptoms. For, as mentioned before, the release of histamine in many cases is not the cause of illness.

All of these compounds have local anesthetic action and are to some degree cerebral depressants. They produce their effect by "blocking" the action of histamine.

The enzyme histaminase which is obtained from hogs and theoretically decomposes histamine as soon as it is formed, has met with more laboratory than clinical success.

Amines, such as epinephrine and neosynephrine, are sometimes employed to counteract the cholinergic effect of histamine. But their therapeutic indications in allergy are infrequent.

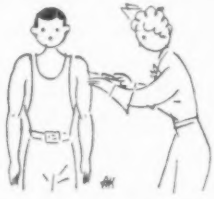
Antispasmodics, like papaverine and aminophylline, may be used on



occasion, but they only partially neutralize histamine. However, in asthma, aminophylline is very effective —this is not always true of the newer antihistamine drugs.

Another method of treatment is the attempt to increase histamine tolerance by injection of additional amounts of this substance. But it is a difficult drug to control and can itself produce the very same ill effects which it seeks to alleviate.

With the production of neutralizing antibodies specific for histamine still in mind, another histamine compound was developed with elimination of the usual toxic effects. It has



proved useful in treatment of urticaria and edema but must be recognized as only a partial aid and not the only remedy. Its use is indicated when the allergen cannot be identified or when desensitization treatment is not adequate.

Procaine is limited to use in urticaria and serum sickness. Surprisingly enough, it itself is often the cause of clinical allergy.

The two antihistamine drugs, which have recently gained wide publicity, are benadryl and pyribenzamine. According to numerous studies, statistics point to gratifying results in many cases. For instance, in urticaria, which is not only unpleasant but often incapacitating, they have been found to be 75 to 85 per cent effective.

Those patients, who through newspaper reports have been led to believe that herein lies an answer to their problems, will do well to under-

stand a few other aspects of these drugs. If histamine does not prove to be responsible for symptoms, the antihistamines will not have their desired effect. And, when relief is obtained, it is purely temporary. Symptoms usually will recur promptly following discontinuance. Since side effects (nausea and vomiting, dizziness, headache, nervousness, and cramps) can occur, careful precautions must be taken in administration.

Dr. Milton M. Hartman recently summed up the indications for the use of benadryl and pyribenzamine. They are: The control of skin irritability so that specific skin tests are possible; the control and prevention of testing and treatment reactions; the maintenance of allergy patients in comfort until desensitization becomes effective; the control of pruritus to minimize scratching; the control of urticaria following drugs, serums, etc.; and, infrequently, the control of gastric acidity.

Up until now hundreds of possible theories have been advanced for the proper control of the allergy problem. A few of these palliative measures have enjoyed varying degrees of success. A cure may be waiting just around the corner, but the allergy sufferer, for the present, has to make the best of a poor alternative.

[*Bibliography can be obtained by sending* **R.N.** *a stamped self-addressed envelope.*—THE EDITORS.]

## *From Blowgun to Hypodermic*

CURARE, THE DRUG of death that was once used by natives of South America and Malaya to paralyze and kill wild game as well as human enemies, is now the drug giving life to countless thousands of patients. The resinous, crude poison that was used to tip arrows shot from blowguns, is now refined and controlled to produce artificial flaccidity in striated muscles.

Curarization is employed in numerous cases where muscular relaxation and immobility are desirable. It helps in relief of spastic paralysis and in reduction of fractures and dislocations.

Among its most publicized uses is that of shock-therapy treatment of schizophrenia and other mental disorders. More recently it has played a new and important role in aiding respirator patients during the polio outbreaks.

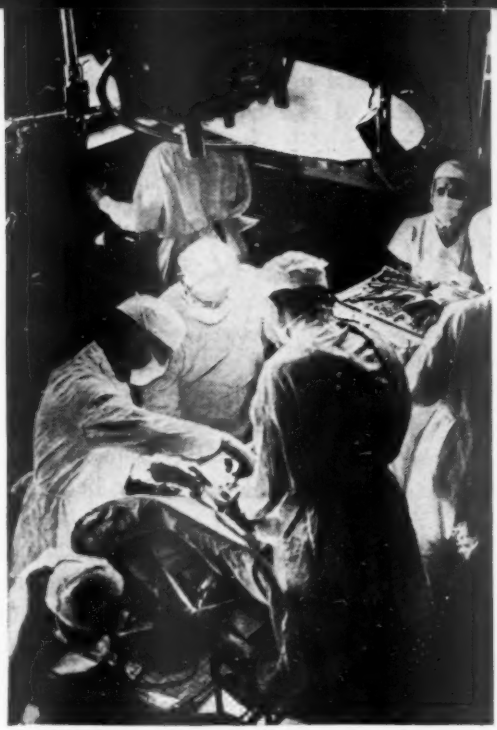
From jungle to scientist's laboratory—curare offers unlimited possibilities.—ELLEN LOUISE BROWN, R.N.

# *Surgery by Television*

THE AUDIENCE, COMPRISED of doctors, medical students, and nurses, hunched forward in their seats, intently watching the 52 square inch screens as the operating surgeon made the skin incision. Only his compelling voice, heard clearly through the gauze face mask, and the muted sounds of the operating room broke the silence. No Hollywood enacted drama, this scene marked the first actual attempt to televise a surgical operation within a hospital building itself.

The novel idea came to Drs. I. Ridgeway Trimble and Frederick W. Reese as a solution to the problem of permitting members of the Johns Hopkins Medical and Surgical Association to witness several operations during a two-day reunion. This would ordinarily have been impossible because of the limited gallery space of the operating rooms.

With the cooperation of the RCA Company, an operating theatre and adjacent gowning room were transformed into a small television studio. One camera was affixed atop the huge light above the operative area, and another was installed in the gallery. Images from both cameras appeared on monitor screens in the "control room". There, an RCA engineer selected the best image to send over the closed circuit to 10 receiving sets placed in lecture rooms in various parts of the hospital. A microphone, suspended above the table, relayed the surgeon's comments as he explained and demonstrated each step of the procedure. It was estimated that 300 doctors, plus many staff members, were thus able to witness the rare and delicate Blalock-Taussig operation for pulmonic stenosis, better known as the "blue baby" operation.



Press Assoc.

*Camera and microphone are centered over operative field in televised "blue baby" operation.*

Most officials agree that the experiment proved highly gratifying. The images were detailed and clear. One observer wrote, "Knots could be plainly seen [*Continued on page* 80]

# *Camp Nursing— A Summer Specialty*

by Muriel Farr, R.N.

THE YEAR I FINISHED training I answered an advertisement for a camp nurse. I had never been to a camp, had never worked outside of a hospital, but the thought of a summer in the country overcame all my doubts. This year I return to camp work for the eighteenth time. Only for the first three seasons did I confine myself solely to nursing. After that I branched out into other camp activities. I have taught crafts, swimming, riflery, and held executive positions. But regardless of my official title, I have always done some nursing on the side: first aid, infirmary relief, or routine examinations during an epidemic. For non-nursing skills, I have the counsellors to thank.

Perhaps you have been considering an eight week tour of duty in a summer camp or resort. These questions will probably come to mind: What are the duties of a camp nurse? What are her relationships with other members of the staff? How much work and play can she expect?

The actual duties of a camp nurse vary with the type of camp. A large, highly organized camp usually employs a doctor as well as a nurse. Here your responsibilities will be similar to that of a staff nurse. You will assist the doctor in the dispensary and care for the bed patients. The latter includes keeping the infirmary clean and serving, but not cooking, the meals.

Although your primary obligation is the physical health of each camper, you should take an interest in his emotional and social development as well. To make this more than just a routine assignment you must integrate yourself into camp life. There are many interesting things to do apart from your regular nursing duties. When you are without patients, attend as many of the planned social activities as you can. Or, if you must be in the infirmary, invite the counsellors there for an evening of quiet fun. Soon you will see camp life from all angles. You will learn how to enter more fully into the overall program and will know in which field you would like to receive help.

The dancing, dramatics, or craft counsellor may need help in making costumes. It is wonderful what a little ingenuity and glue can do to crepe paper. In return, the craft counsellor will teach you something that you can make right in the infirmary. Actually, this will make your work easier. The value of occupa-

tional therapy is well established. The sick child who is making costumes, or finishing some project of her own, needs very little amusing.

If there is a doctor or a second nurse, you will relieve each other. But being the only nurse does not mean that you must spend the whole time in the infirmary. A trip to the lake for a swim, to the camp store, or to the craft shop takes no longer than a trip to the dining room, and you are expected there three times a day. Whenever you leave the dispensary, pin a note on the door telling where you can be reached in an emergency, and use your conscience about the length and frequency of your absences. No reasonable camp director wants any of his staff to be over-confined.

If you are a nurse at a small camp you may be responsible for the whole health program. The local doctor will answer any calls but, regardless of the controversy over this issue, you will be called upon to diagnose and treat mild illnesses yourself, often without standing orders. Differentiating between sprains and fractures, upset stomachs and appendicitis, and simple skin eruptions and contagious diseases are three things most likely to cause you worry. Naturally, you will call the doctor when any doubt exists, but there is a lot in knowing when to doubt, and when to trust your own judgment. No doctor takes kindly to being called miles into the country in the early hours of morning to see a plain case of "hot dog-itis."

A few hours spent in the accident ward, or questioning your favorite surgeon now, will save many a sleepless night later. Try to see as many cases of poison ivy, impetigo, and chicken pox as you can. They look somewhat similar in their early stages, as do German measles and prickly heat. The most helpful book I have found on the differential diagnoses of communicable diseases is *Common Contagious Diseases* by Philip Moen Stimson, published by Lea and Febiger. You will find excellent opportunities for advancing the health education of the camp generally. A camp nurse, to a large degree, is responsible for maintaining a healthful environment.

Do not let the question of supplies go until you reach camp. If you are expected to order them, ask the director for the last season's infirmary inventory. From this you can prepare your order, you will know what is on hand, and which medicines are most needed. Since camp lasts but two months, it is not good economy to order in large amounts from a

wholesale dealer. Tablets can be stored, but liquids left at the close of camp may be a total loss. Have your list ready and order from the local dealer when you arrive. The camp probably has bandage scissors, bed pans, enema bags, hot water bags, ice caps, syringes (irrigating and hypodermic), slings, splints, thermometers, and tourniquets on hand.

Order drugs that have many uses and can be administered safely by a nurse without a doctor's order. I find the following items meet these requirements:

| *Item* | *Use* |
|---|---|
| 1 oz. Argyrol—10% | conjunctivitis, colds, sore throat |
| 250 tab. Aspirin—white and pink (psychological effect) | colds, headache, earache, muscle pains, toothache, fever |
| 1 oz. Aromatic Spirits of Ammonia | |
| 1 pint Calomine lotion | acne, prickly heat, poison ivy, hives |
| 4 oz. Carbolated vaseline | scratches, abrasions, burns, open blisters |
| 1 qt. Cough syrup | |
| 100 tab. Mild laxative | |
| 4 oz. Paregoric | diarrhea, dysmenorrhea, general sedative |
| Soda bicarbonate | upset stomachs |
| 4 oz. Sulfathiazole ointment—5% | infections, boils, impetigo |
| 4 oz. Skin antiseptic | |
| 1 qt. Alcohol | |
| 5 yds. Adhesive | 1", 2", 3" |
| Applicators and cotton | |
| 2 oz. Boric acid crystals | |
| 1 doz. Gauze bandages | 1", 2" |
| 50 Gauze dressings | 2" and 3" squares |
| 100 Band-aids | |
| Tongue depressors | |

You may be asked to follow an infirmary routine previously set up by the camp. If you wish to make changes, mention your suggestions to the director after you have been at camp sufficiently long to prove their feasibility. Should you have a free hand, a convenient dispensary call would be right after the morning cabin cleanup, after dinner, and after supper when the children are all in one place. If you serve your patients' breakfast after yours, their dinner and supper before, you will not have to arise unduly early, nor will dispensary and meal hours conflict.

If you have any choice in the physical arrangements, set up the dispensary in a room opening directly outdoors, and put bed patients in

rooms opening from this. Less dirt will be tracked in and also you will be able to check on visitors. Ideally, the isolation quarters should have a window through which the patients can safely talk to their friends, and an outside door so they can sun during convalescence.

Examine the health blanks after setting up the infirmary. Some child may need immediate attention. Moreover, it is most embarrassing to have an anxious parent phone about the special instructions for her child, when you do not even know these exist. By supplying each counsellor with full medical information concerning the children in her cabin, she can better understand them and decide the extent of their camp activities. At the same time, ask her to bring you any medicines found in the campers' trunks. Self dosing and practical jokes with medicine are dangerous and hold quite a fascination for children.

In some camps you are required to wear a uniform, while in others this would be an impossibility because of laundry difficulties. Most boys' camps frown upon shorts for their women staff. Be sure to discuss this question with the director. Low heeled, rubber soled shoes will be most comfortable, regardless of dress. Warm sweaters, raincoat and hat, rubbers, and a bathing suit should be included. If you are a cold sleeper, bed socks and woolen pajamas will be a comfort. You will be envied, not laughed at, for bringing them. A heavy bathrobe is preferable to a light one.

Camp directors know a happy staff means a good camp. They want their staff to have as fine a summer as they expect the staff to give the campers. So go ahead and enjoy your new experience. A final word of warning: uniforms are still expensive; don't gain so much weight that you'll need new ones in September.

## *Demonstration Chest that Breathes*

A NURSE'S QUERY ABOUT "false motion" of the chest led Dr. James Blackman, chest surgeon, to construct an ingenious mechanical replica of the human thoracic cavity. He demonstrated the device at a meeting of the Seattle district of the Washington State Nurses' Association.

Dr. Blackman's mechanical chest is a lucite box divided into two compartments by a flexible, air-tight rubberized fabric. An ordinary rubber balloon is in each compartment, and each balloon is connected to the outside by aluminum tubing. A water manometer records the changing pressures.

To simulate the motions of the diaphragm, he covered the bottom of each compartment with an air-tight membrane. Dr. Blackman makes the mechanical lung breathe by pulling the diaphragm downward, being rewarded with a dramatic expanding and shriveling of the toy balloons.

While the amazed nurse audience watched in rapt attention, Dr. Blackman showed how a peanut, not opaque to xray, may be located in the bronchus. Then, removing a plug in the side wall, he duplicated the action of a bullet hole in the chest. Finally, in answer to the original nurse's query, he showed how the removal of a plug of sputum from the bronchus relieved the false motion of a crushed chest.

Dr. Blackman chuckled as the last question was put to him: "What is in the drawer under the box?" His answer—"It is something we often wish for in the surgery; a pair of extra lungs."

—RUTH B. SCOTT, R.N.


## ANA Analysis

ANA Committee appointed by last Biennial's House of Delegates to study and report on the Rich plans to reorganize nursing, came through last month with a 58-page report to the states which startled nurses throughout the U.S. The committee said politely but firmly "thumbs down!" on practically all the major proposals. This was not, so far as working nurses knew, the opinion of some organization officials in national headquarters, nor did the tone of the report follow that of information and comments published in official nursing journals and summarized in the officially-distributed Workshop Guides. It was a bombshell for those interested in seeing the Structure Study adopted, perhaps with some revision, in one or the other of the two recommended plans.

One of the chief criticisms of the Rich Report was the fact that at no time did Raymond Rich Associates make the complete findings of their survey available for analysis. Thus, in evaluating the recommendations, it was impossible to know how they had been reached, what groups of nurses or other individuals had contributed opinion from which conclusions had been drawn, or the relative amounts of professional as against layman's thinking which had led to the final result.

The committee pointed out that the Rich Report failed to state probable costs of either of the plans recommended, nor did it estimate the dues necessary to finance the elaborate and extensive reorganization program. The committee also questioned the logic of the recommendation to eliminate the state nurses' associations except in a superficial capacity and to establish a more direct link between district units and national headquarters. The basis for membership, suggested limitations for size of districts, extensive lay voting-participation, and breakdown of the structure into numerous specialist sections was also opposed.

Among the more progressive views expressed by the ANA Committee are these:

▶ 1. Changes in the structure of an organization do not necessarily "insure changes in the basic philosophy, concepts or attitudes of the

members . . . which are essential if adjustments to the amalgamation are to be effected."

► 2. Provision should be made to prevent control of nursing affairs by any group other than registered professional nurses.

► 3. It is illogical to permit women who have been rejected as R.N.'s to obtain equal voting membership with R.N.'s under a layman's class of membership.

► 4. Too easy membership with voting privileges in specialist sections makes top-heavy organization. "Specialists should be developed in proper relationship as to numbers, to nurses prepared for generalized nursing service."

► 5. Plans for national accreditation and National Academy are admirable but not worked out carefully enough from professional standpoint. Educational standards, as presented by Rich, seem to be laymen's views rather than professional nurses.

► 6. Collective bargaining and legislation in behalf of nurses must be instigated and controlled by nurses.

In a very forceful section on proposed new structure of the House of Delegates, the committee asks:

"Why have suggestions for nominees from whom the House of Delegates elects the Board of Directors of the proposed new national organization been left to: 'One member chosen by the Directing Council of each of the several specialist sections; the current president of the association; and the current chancellor of the National Academy.' Is there to be provision for nominations from the floor of the House of Delegates?"

No direct request to ANA members was made to reject either or both the Rich plans but their weaknesses were painstakingly outlined. Members were urged to study the plans and to remember that it is not necessary to accept either of the two plans in its entirety; that revision is possible, and so is complete rejection, despite the money already spent—some $30,000.

This analysis of the Rich plans has been sent to all states and is available for local study and discussion.

## Lady Doctors

There are 150,000 doctors in Russia and approximately one half of them are women, according to reports from the Moscow Medical Institute. Most of them are members of the Trade Union of Medical Workers. The state-employed doctors may practice private medicine on their own time if they wish to do so.

## Miss Geister Said

[*Continued from page* 31]

have six councils and 125 committees spread over these organizations, and I think there is justice in that criticism.

Plan I gives us a minimum of 120 units. That means standing committees, special committees, Board of Directors, House of Delegates, Sections, Academy, and bureaus and commissions, and all the committees that stand within. The plan may look streamlined on the outside, but it is a Pentagon maze on the inside . . .

Now the second plan has a nursing center in between the American Nurses Association and the National Organization of Nursing Service. That creates even more units. This report says that if we have Plan II, the ANA can exist only in combination with this NONS. Who says so?

No cost, of course, of these plans are given, and I don't believe they can be because so many of the features have not been tried out, and you can get cost only through trial. But if anyone believes the membership costs are going down under the new plan, with all this expert help we are going to need on the staff, well, enjoy your dream! . . .

Plan I gives equal right to five classes of membership except in four areas, the ICN, collective bargaining, the Academy, and the specialty boards. The planners believe we cannot achieve our purposes without consumer participation.

I believe that most nurses are agreed that we do need consumer

participation; that the consumer has an interest and has a place somewhere in our affairs . . .

Lay support would help us work faster and more deeply, but we have to know where the line of demarcation comes. Do we have to bring the lay person right into the management of our nurses' affairs in order to make us more efficient in our government? It is possible to get support without actual membership. I have done so in other fields . . .

Our very numbers, we are told, will keep the balance of power in our hands, but who hasn't seen minorities get in control and stay in control? Remember this plan goes down to the districts. It is duplicated in the district. The president of the hospital board could be president of the district. Can you see a hospital nurse getting up and being sassy if the president of her board is also president of the district?

Remember, too, there are two kinds of laymen. There are the kind that we have working with us today in the NOPHN, in the League, in the Visiting Nurses Association, and in the nursing school. I have had a lot to do with those people, and they are a hand-picked group. That is one class. The other class is those that are not hand-picked, and we know very well that there are people in certain areas who would like to get better control of nursing education...

It is quite possible under the plan for a practical nurse to get to be president of the American Nursing Association. She, certainly in the sections, can get into a section as a

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## TECHNICIANS
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America's finest shoe for young women in white who serve America day in and day out. Clinic shoes are light and airy, yet sturdy of sole. They fit so beautifully that they prevent foot fatigue long after other shoes have let tired muscles sag. Step into a pair of Clinics and save your beauty.

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| Retail Price | |
|---|---|
| White Elk | $6.95 |
| White Crushed Goat | $7.95 |
| White Bucko | $7.95 |

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"We, the makers of Clinic Shoes, having made quality footwear for a third of a century, (1914-1946) pledge ourselves to continue to use the best grade of materials and to constantly strive to improve the technique of shoemaking so that you, the Clinic shoe wearer, will at all times enjoy the highest degree of comfort available in a nurse's oxford. We further pledge ourselves to continue to make Clinic shoes the best value obtainable . . .

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*for Young Women in White*

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| | |
|---|---|
| Birmingham: | Loveman, Joseph & Loeb |
| Mobile: | Jno. J. Damrich Co. |

### ARIZONA

| | |
|---|---|
| Phoenix: | Korrick's, Inc. |
| Tucson: | Jacome's |

### ARKANSAS

| | |
|---|---|
| Fort Smith: | Boston Store D. G. Co. |
| Little Rock: | M. M. Cohn Co. |
| Texarkana: | H. H. Watson |

### CALIFORNIA

| | |
|---|---|
| Fresno: | Rodder Shoe Co. |
| Hollywood: | The Broadway-Hollywood |
| Long Beach: | Dobyn's Footwear |
| Los Angeles: | Broadway Dept. Store |
| Oakland: | Chas. Kushins Co. |
| Pasadena: | The Broadway-Pasadena |
| San Diego: | San Diego Shoe Co. |
| San Francisco: | The Emporium |
| San Francisco: | Sommer and Kaufmann |

### COLORADO

| | |
|---|---|
| Colorado Springs: | Vorhes Shoe Co. |
| Denver: | The May Company |
| Pueblo: | Crews-Beggs D. G. Co. |

### CONNECTICUT

| | |
|---|---|
| Bridgeport: | D. M. Read Co. |
| Hartford: | Manning-Armstrong |
| Hartford: | The W. G. Simmons Corp. |
| New Haven: | The Edw. Malley Co. |
| Waterbury: | Miller Peck Co. |
| Waterbury: | Manning-Armstrong |

### DELAWARE

| | |
|---|---|
| Wilmington: | Kennard-Pyle Co. |

### DISTRICT OF COLUMBIA

| | |
|---|---|
| Washington | Frank R. Jelleff, Inc. |
| Washington | Lansburgh and Bro. |

### FLORIDA

| | |
|---|---|
| Jacksonville: | Cohen Bros. |

### GEORGIA

| | |
|---|---|
| Atlanta: | Davison-Paxon Company |
| Atlanta: | Rich's, Inc. |
| Augusta: | Davison-Paxon Company |
| Columbus: | Miller-Taylor Shoe Co. |
| Savannah: | Asher Shoes |

### IDAHO

| | |
|---|---|
| Pocatello: | The Peoples Store |

### ILLINOIS

| | |
|---|---|
| Chicago: | Marshall Field and Co. |
| Evanston: | Marshall Field and Co. |
| Oak Park: | Marshall Field and Co. |

### INDIANA

| | |
|---|---|
| Evansville: | Ben Becker Shoe Co. |
| Indianapolis: | Marott Shoe Store, Inc. |
| South Bend: | Robertson Bros. Dept. Store |
| Terre Haute: | Ben Becker Shoe Co. |

### IOWA

| | |
|---|---|
| Des Moines: | Field Shoe Company |
| Sioux City: | T. S. Martin Company |

### KANSAS

| | |
|---|---|
| Topeka: | Seeley Shoe Co., Inc. |
| Wichita: | Head Shoe Co. |

### KENTUCKY

| | |
|---|---|
| Louisville: | Baynham Shoe Co. |

### LOUISIANA

| | |
|---|---|
| New Orleans: | Maison Blanche Co. |
| Shreveport: | Phelps Shoe Co., Ltd. |

### MAINE

| | |
|---|---|
| Bangor: | Enterprise Shoe Co. |
| Portland: | Davis and Cartland Co. |

### MARYLAND

| | |
|---|---|
| Baltimore: | S. Dalsheimer & Bro. |
| Baltimore: | Hutzler Bros. Co. |

### MASSACHUSETTS

| | |
|---|---|
| Boston | Wm. Filene's Sons Co. |
| Fall River: | R. A. McWhirr Co. |
| Holyoke | Thomas S. Childs, Inc. |
| Pittsfield | England Brothers |
| Springfield | Forbes and Wallace, Inc. |
| Worcester | Denholm and McKay Co. |

### MICHIGAN

| | |
|---|---|
| Ann Arbor: | Wm. Goodyear and Co. |
| Detroit | J. L. Hudson Co. |
| Flint | Walk-Over Boot Shop |
| Grand Rapids: | Chas. Trankla Co. |
| Jackson | Walk-Over Boot Shop |

### MINNESOTA

| | |
|---|---|
| Duluth | Freimuth's Dept. Store |
| Minneapolis | The Dayton Company |
| Minneapolis: | Home Trade Shoe Store |
| Rochester | C. F. Massey Co. |
| St. Paul | The Emporium of St. Paul |

### MISSISSIPPI

| | |
|---|---|
| Jackson. | R. E. Kennington Co. |

### MISSOURI

| | |
|---|---|
| Columbia. | C. B. Miller Shoe Co. |
| Joplin | Christman D. G. Co. |
| Kansas City: | Robinson Shoe Co. |
| St. Louis: | Famous Barr Co. |
| Springfield. | Walk-Over Shoe Store |

### MONTANA

| | |
|---|---|
| Great Falls. | J. E. Kenkel and Co. |
| Helena | Thistlewaite Shoe Co. |
| Missoula | Missoula Mercantile Co. |

### NEBRASKA

| | |
|---|---|
| Omaha: | J. L. Brandeis and Sons |

### NEVADA

| | |
|---|---|
| Las Vegas: | Ronzone's Dept. Store |
| Reno. | Sunderland's |

### NEW HAMPSHIRE

| | |
|---|---|
| Concord. | The Thorne Shoe Co. |
| Portsmouth. | Shaine's |

### NEW JERSEY

| | |
|---|---|
| Newark: | Hahne and Co. |
| Paterson. | Stenchever's |
| Perth Amboy: | Ruthal's |

### NEW MEXICO

| | |
|---|---|
| Albuquerque: | Paris Shoe Store |
| Santa Fe: | Pflueger's |

### NEW YORK

| | |
|---|---|
| Brooklyn: | Frederick Loeser Co. |
| Buffalo. | Flint and Kent |
| New York: | Bloomingdale Bros., Inc. |
| New York: | Stern Brothers |
| New York: | John Wanamaker |
| Rochester: | Wm. Eastwood and Son Co. |
| Syracuse: | Park-Brannock Shoe Co. |
| Troy. | Wm. H. Frear Co., Inc. |
| Utica. | C. Sautter's Sons |

### NORTH CAROLINA

| | |
|---|---|
| Charlotte: | Al Goodman |
| Durham: | R. L. Baldwin Co. |
| Raleigh: | Taylor's |
| Winston-Salem: | Belcher's, Inc. |

### NORTH DAKOTA

| | |
|---|---|
| Fargo: | The O. J. de Lendrecie Co. |
| Grand Forks: | Rand Shoe Co. |

### OHIO

| | |
|---|---|
| Akron: | The M. O'Neil Co. |
| Canton: | Harry L. Smith, Inc. |
| Cincinnati: | Potter Shoe Co. |
| Cleveland: | Wm. Taylor Son and Co. |
| Columbus: | The F. and R. Lazarus and Co. |
| Dayton: | The Elder and Johnston Co. |
| Springfield: | Nisley Shoe Co. |
| Toledo: | The LaSalle and Koch Co. |

### OKLAHOMA

| | |
|---|---|
| Enid: | Newman Merc. Co. |
| Muskogee: | Durnil's Dry Goods Co. |
| Oklahoma City: | Kerr's, Inc. |
| Tulsa: | Stern's, Inc., Walk-Over Shop |

### OREGON

| | |
|---|---|
| Portland: | Meier and Frank Co., Inc. |

### PENNSYLVANIA

| | |
|---|---|
| Harrisburg: | Bowman's Dept. Store |
| Philadelphia: | S. Dalsimer and Sons |
| Philadelphia. | Strawbridge and Clothier |
| Philadelphia: | John Wanamaker |
| Pittsburgh: | Kaufmann's Dept. Stores, Inc. |
| Reading: | Manning-Armstrong |
| Scranton; | Lewis and Reilly, Inc. |

### RHODE ISLAND

| | |
|---|---|
| Providence: | The Outlet Co. |

### SOUTH CAROLINA

| | |
|---|---|
| Charleston: | Jas. F. Condon & Sons, Inc. |
| Columbia: | Cullum's |
| Greenville: | Ivey-Keith Co. |
| Spartanburg: | Wright-Scruggs Shoe Co. |

### SOUTH DAKOTA

| | |
|---|---|
| Aberdeen: | Webb Shoe Co. |
| Rapid City: | F. & M. Bootery |
| Sioux Falls: | Johnson Shoe Co. |

### TENNESSEE

| | |
|---|---|
| Chattanooga | Miller Bros. Co. |
| Memphis: | The John Gerber Co. |
| Memphis: | Walk-Over Shoe Store |
| Nashville: | Cain-Sloan Co. |

### TEXAS

| | |
|---|---|
| Corpus Christi: | M. Lichtenstein & Sons |
| Corpus Christi: | Perkins Bros. |
| Dallas: | Sanger Bros. |
| Dallas: | Volk Bros. Co. |
| El Paso: | The Popular Dry Goods Co. |
| Fort Worth: | Fair Dept. Store |
| Fort Worth: | W. C. Stripling Co. |
| Galveston: | E. S. Levy Co. |
| Houston: | Krupp and Tuffly, Inc. |
| San Antonio: | The Guarantee Shoe Co. |

### UTAH

| | |
|---|---|
| Salt Lake City: | Z. C. M. I. Dept. Store |

### VERMONT

| | |
|---|---|
| Burlington: | Gee's Shoe Store |
| Rutland: | Wilson Clothing Co. |

### VIRGINIA

| | |
|---|---|
| Alexandria: | Bradshaw's Shoe Store |
| Danville: | R. C. Thompson & Co. |
| Newport News: | Adams Shoe Store |
| Richmond: | Miller and Rhoads, Inc. |

### WASHINGTON

| | |
|---|---|
| Seattle: | Frederick and Nelson |
| Seattle: | Nordstrom's |
| Spokane: | The Palace Dept. Store |
| Spokane: | The Crescent Store |
| Tacoma: | Baxter's Shoe Store |

### WEST VIRGINIA

| | |
|---|---|
| Parkersburg: | Dils Bros. and Co. |
| Wheeling: | Alexander and Co. |

### WISCONSIN

| | |
|---|---|
| Milwaukee: | Milwaukee Boston Store, Inc. |

### WYOMING

| | |
|---|---|
| Cheyenne: | Wasserman's Shoe Store |

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layman, unless she is excluded through the rules that will be written later. But the report urges that we bring her in, and she can be in a position of helping decide how much education a student nurse should have through her vote.

Only last June the Civil Service Commission changed nurses' rating from sub-professional to professional, and one of the reasons the ANA gave, in pleading for this change, was that we were a profession, a self-governed profession. Do we want to give that back?

In the plan which is to democratize us, the ANA board of directors can elect its own president and officers. The idea is that they are better equipped to do it than the members. We are told that some businesses and other organizations follow this plan. Well, a lot more don't. A lot more still let the members elect their president and their officers . . .

We have got to remember that nurses are human. We have among us people who like power as well as there are in other groups, and the hunger for power is worse than the hunger for money. We have got to guard against any machinery that will put people into control. That is one of the things we are fighting. Too many people have stayed on too many committees too many years.

The part of the report that concerns me most, however, is the removal of the state association. That cuts the ties with the district: presumably moves the power to the district. That is the effort, as you heard Dr. Cherin say, to make it more democratic. Actually, from knowing the way districts work, knowing that they are manned by officers who can give only little of their time to this work and the rest of the time they are trying to get patients taken care of, and knowing the distance between the district and the National, I believe that the power goes to the top in this scheme.

It removes the state association as a system of checks and balances on our national affairs. The states act as a brake, and they also marshal opinion and help the ANA board of directors come to conclusions.

I suppose in this scheme they could do it, too, but the state association is weakened despite the fact that the

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'B·F·I' Antiseptic First-Aid Dressing and Surgical Powder is an efficient, antiseptic, dry, surgical dressing. Protective . . . astringent . . . absorbent . . . soothing . . . it is particularly useful in the treatment of cuts, burns, abrasions, chafing, scratches, athlete's foot and other minor wounds and skin irritations.

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reports assure us they would be stronger. How can they be? How can the state become stronger when the source of its vitality, the district, is taken away from it? . . .

Theoretically we are going to set up nursing centers in the districts. What district of 500 or 2,000 members can afford to have a nursing center, even if the layman comes in to help, and that is conjectural . . .

Our automatic form of membership which now brings us in the district, to the state, to the National, with the line uncut, has given the ANA 180,000 members. Do you think 180,000 members are going to join the National independently?

The report indicates that the state seats the House of Delegates. Well, I have been in districts that have appointed me to vote at the convention. I have been sent as a delegate from a district, not a state . . .

Under the plans, the National sections are duplicated in the districts as much as possible. A nurse wrote in to ask if there were not enough nurses in her district to form a section, how was she going to get any help? As you can't get into the ANA except through a section, and as you can't get into the district except through a section, the answer was, she would have to wait, depend on regional conferences; meantime she is out in the cold . . .

The sections mark us off into special interests. Anyone joining the ANA can go into any district he chooses. I don't have to be an industrial nurse, but I can join your section and I can vote in it, and I can help vote who is to be the directing counsellor, and that counsellor decides who is to be the specialty board.

I can decide to go into any section, in fact I have to go into a section, though my interests are general. I can transfer to another section with due notice. I can visit any of the other sections and get up on my feet and talk, but I can't vote. I can vote only in one.

A section of 300 has just as much representation in the House of Delegates as one of 6,000. I don't know whether we should want that kind of a situation or not . . .

I have tried to just put my toe in the door of your minds. I may be

wrong. I have done my best to be right, and any of you can challenge me. It is utterly impossible to include the whole plan in one talk. The plan must be taken apart, piece by piece, and studied. The plans are on trial, but so are we. We are more on trial than the plans. A profession's life, like a nation's, depends on its government; and its government is no stronger than the citizens make it.

---

## Dr. Cherin Said

[*Continued from page* 26]

changes in professional structure which may very well set the pattern for every other profession in the future. Certainly what you do, cannot be ignored by any profession . . . You can see, then, that you face a very, very important responsibility, not only in determining the future of nursing itself, but, in determining the pattern of professional structure.

When we started the study itself, we started out naturally by reading everything that we could find that was printed about nursing. We read the various books and periodicals concerning the profession. Then we went to work on the constitutions, by-laws, reports of biennial conventions, reports of various committees.

I should say at this point that nursing is perhaps the best documented profession we have ever looked into. There are rooms and rooms full of records, and necessarily in the course of the study we couldn't possibly go through them all. It was only because of the very warm co-

# Since Human Nutrition Is Not a Matter of Isolated Nutrients

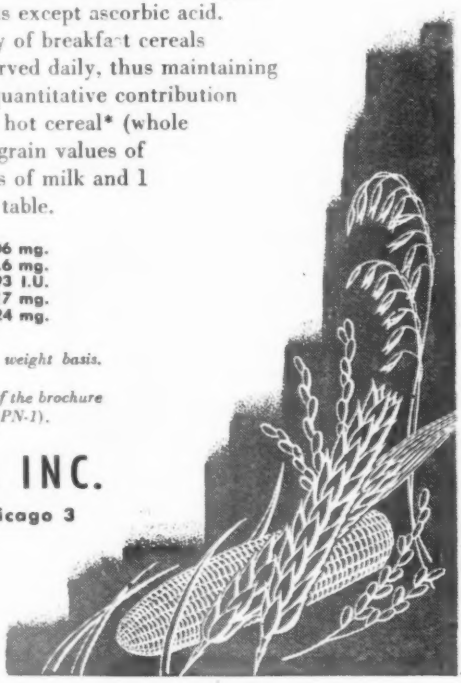
In the light of present-day knowledge of nutritional requirements, it is becoming increasingly clear that foods should be appraised in terms of their over-all nutrient contribution, rather than on the basis of contributing one isolated nutrient. From this standpoint, the cereal serving—consisting of cereal (hot or ready to eat), milk, and sugar—makes a significant and valuable contribution to the satisfaction of daily nutrient needs.

It provides in addition to 202 calories of readily utilizable caloric food energy, adequate amounts of B-complex vitamins to permit efficient combustion of its carbohydrate, a protein mixture which is biologically adequate, and valuable minerals. Thus the cereal serving supplies virtually all essential nutrients except ascorbic acid. Because of the large variety of breakfast cereals available, a different one may be served daily, thus maintaining sustained appetite appeal. The quantitative contribution made by 1 ounce of ready-to-eat or hot cereal* (whole grain, enriched, or restored to whole grain values of thiamine, niacin, and iron), 4 ounces of milk and 1 teaspoonful of sugar, is indicated by the table.

| | | | |
|---|---|---|---|
| **Calories** | **202** | **Phosphorus** | **206 mg.** |
| **Protein** | **7.1 Gm.** | **Iron** | **1.6 mg.** |
| **Fat** | **5.0 Gm.** | **Vitamin A** | **193 I.U.** |
| **Carbohydrate** | **33.0 Gm.** | **Thiamine** | **0.17 mg.** |
| **Calcium** | **156 mg.** | **Riboflavin** | **0.24 mg.** |
| | | **Niacin** | **1.4 mg.** |

**Composite average of all breakfast cereals on dry weight basis.*

*Nurses are invited to send for a complimentary copy of the brochure "Cereals and Their Nutritional Contribution" (PN-1).*



**CEREAL INSTITUTE, INC.**

**135 South La Salle Street • Chicago 3**

*The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.*

operation given to us by the headquarters staffs of the six nursing organizations that we were able to complete the study within a reasonable period of time. They selected minutes that we should especially read. They pointed out articles which were of the greatest importance. So we were able in a period of relatively brief time, considering the size of the job, to cover a great deal of material.

Nurses began to ask questions—why they didn't see more of us; why didn't we come out and ask some questions. It took us approximately three months to get to the point where we felt we could ask intelligent questions, and it was at that point that we undertook to meet with the six organizations. We met with their headquarters' staffs. We met with committees representing each one of the six organizations. We met with the Structure Study Committee itself several times.

Then, having gone through the various problems as *they* saw them, the various good and bad things about nursing organization, we went out into the field. In the course of our field studies we visited 14 states and the District of Columbia. We have heard comments from time to time about, well, "Whom did they interview in the course of this study?" Perhaps the best way to explain that is to ask how many of you have ever been interviewed by the Gallup Poll.

We selected a group of people to be interviewed on the basis of the recommendations made to us by these various committees and the

# why the housewife likes TAMPAX

THE USE of an unobtrusive *internal* guard frees the woman at home from much of the psychological, physical and esthetic burdens of the menses which so frequently disturb her household and social activities when external napkins are used.

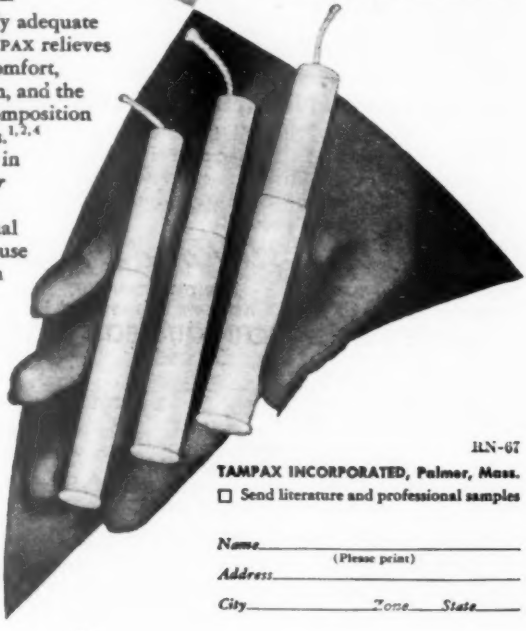
Inserted without apertural stress—anatomically sound—and thoroughly adequate in absorptive protection[1,2,3]... TAMPAX relieves the housewife of the frictional discomfort, the fear of infection from the rectum, and the olfactory offense from odorous decomposition so often occurring with vulvar pads.[1,2,4]

Furthermore, since it is available in three absorbencies—*Super, Regular* and *Junior*—TAMPAX can easily be adjusted to the needs of the individual at varying times, and is suitable for use by multiparae as well as by women who have never borne children.

*Samples for inspection gladly sent on request.*

*References:*


1. J.A.M.A., 128:490, 1945.
2. West. J. Surg. Obst. & Gyn., 51:150, 1943.
3. Am. J. Obst. & Gyn., 48:510, 1944.
4. Clin. Med. & Surg., 46:327, 1939.

# TAMPAX

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headquarters staffs. Considering the fact that we always had on our conscience this tremendous pile of printed material sitting behind us waiting to be read, we felt that we could not devote too much time in the field to scattered interviews, and so we tried to pick our interviews to get characteristic state, district and interorganizational problems . . .

After we analyzed this material we arrived at a set of principles, which we made the basis for our consideration of new structure. I would like to impress that especially on you because the organization proposals that are included in the plans are not something dreamed up in an ivory tower. They are not organizational plans made for angelic creatures. They are organizational plans made for human beings, with all their strengths and all their weaknesses. They are organizational plans which we made with the hope of dealing realistically with nursing problems, with a hope of bringing about a transference from the organizations that you had to ones that might serve your interests better . . .

We got together approximately seven different plans, each designed more or less to answer these various qualifications. Then we called together a board of consultants representing a number of the profession. We had already reviewed the plans with the Structure Study Committee of the nursing profession. We had already talked to a number of nursing leaders and gotten their comments on various types of proposals. We decided we


**To treat spider bites** caused by venomous tarantulas in 15th Century Italy, lively music was played.

The vigorous rhythm supposedly healed the victims—hence *the Tarantella!*

**Many folks** still believe that food left in the open can is unsafe.

This is not true says the U. S. Department of Agriculture: Food is just as safe in open cans—just keep it cool and covered.

You are invited to the American Can Company exhibit Booth I-18, at the A. M. A. Convention, Atlantic City, June 9-13.

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NO OTHER CONTAINER PROTECTS LIKE THE CAN

would see how other professions which had many of the same problems would react to our structure proposals.

From those meetings we came out with the two structure proposals that are included in the report . . .

Our first problem was to design a structure that would unify the nursing profession. It is true that you could solve, you can solve, the problems of nursing with your present structure, and perhaps it is a slightly unfair comparison to state it in these terms: that nursing, looked at coldly, at the present time is trying to solve its problems with a chariot that has six different kinds and sizes of wheels drawn by six different horses, each with a slightly different idea about the road that should be taken toward the goal. That makes a very difficult chariot to drive, and I am sure that eventually with strong control, with a great deal of heart-rending effort, with a great many coordinating meetings, with the best of will and wholehearted cooperation, nursing can solve its problems with that kind of machinery.

We believe we were invited to make this study because nurses felt that the modern age required more effective machinery . . .

Plan I, we have suggested, be called the American Nursing Association. It meets this first requirement, that is, an organization bringing together all nurses under one roof, into one house, where they can apply their unified and cooperative effort and energy toward solving the general problems of nursing. That is

# "Aladdin had his lamp but I have my little blue jar!"

"As an inexperienced student nurse, I often wished for some magic way to help my 'occupational' skin problems -- frightfully chapped hands and oh, so tired feet.

"Soon I began to hear about NOXZEMA Skin Cream, the medicated formula scores of nurses have used for years.

"I tried NOXZEMA first as a hand cream. Greaseless and stainless, it helped soothe and soften my rough, red hands -- almost overnight! Then I learned that a cooling NOXZEMA massage took the burn out of my weary feet.

"Now I use NOXZEMA regularly for my complexion -- as a night cream and make-up base...and how quickly it helps externally-caused skin blemishes! My skin is almost as smooth and soft as a baby's.

"Yes, Aladdin can keep his lamp -- I'll take my little blue jar!"

one way of solving it, by bringing together in one organization not only the nurses themselves but also those non-nurses whose help nursing needs to deal with some of these great problems.

The second way to do it is Plan II. A plan which also unifies the profession in one organization. The left hand [structure], which is labeled American Nurses Association, is also designed to unify all of the professional interests of the six present nursing organizations under one roof. The second structure, the National Organization for Nursing Service on the right, is made necessary under this plan because this plan contemplates having only nurses as members of the American Nurses Association. We, therefore, proposed that those non-nurses whose help you needed be incorporated in a second organization with nurses to grapple with those problems in which they could be of the greatest possible help. It seems to us the nurses cannot solve their recruitment problem, their facilities problems; they cannot get the distribution of nursing service that is needed for adequate care of the public without the help of non-nurse members. Those non-nurses, of course, include not only general laymen but members of allied professions.

The second principle flowed right out of the first one. If you bring all nurses together under one roof, the question will immediately arise in the minds of nurses, what about us? What about our special interests? What about the various problems

# Could a 6-year old have written this ad?

Hardly. But, even so, she's a striking example of why so many dentists regard Kolynos as an invaluable aid in winning patients—young or old—to the tooth brush.....and in keeping them won.

To her, daily tooth care is indeed a refreshing, thoroughly enjoyable experience....not a distasteful chore.

Which is precisely why her dentist specified Kolynos. He knew that it would clean her teeth efficiently and safely—and that its distinctive, tangy taste would encourage uninterrupted use.

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that we face as specialists? How are we to deal with them?

So we made provision for a second structural element to answer that particular requirement. This section structure is designed to set up a room for each one of the specialists; a room in which each specialty will be able to operate on its own; an organizational mechanism which will serve the purposes, let us say, of the industrial nurses or the pediatric nurses or the public health nurses or the surgical nurses, and so on . . .

I would like to take up the section structure itself because I think it is of great importance. This is the structure of any one section, let us say the Industrial Nurses' section. Essentially, I don't think I need to go into any great detail, it is really the AAIN under another name in this particular case. That is, your section structure would be a viable one; it would have adequate staff to pursue the specific interests of industrial nursing; it would have a setup of a directing council whose job it would be to keep its eye on the overall problems of industrial nursing and appoint specific committees to deal with specific problems of industrial nursing. We have made a suggestion concerning the various types of committees: A Committee on Education, let us say, in industrial nursing; a Committee on the Practice of Industrial Nursing; a Committee on Economic Security for Industrial Nurses.

These section structures, in other words, are to provide that mechanism which will make it possible for the American Association of Industrial

# COMPARE THIS INFANT CEREAL WITH ANY OTHER!

**For ingredients**... Clapp's Instant Cereal is made from the following ingredients: whole wheat meal, corn meal, wheat germ, malt, nonfat dry milk solids, calcium phosphate, dried brewers' yeast, salt, and iron ammonium citrate.

**For nutritional values**... 1 oz. serving of Clapp's Instant Cereal furnishes the following percentages of the minimum daily requirements:

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(The essential Calcium, Phosphorus, and Iron requirements of infants, and the vitamin $B_2$ requirements of children have not been established.)

**Typical Analysis of Clapp's Instant Cereal**

Carbohydrate 73.1%
Protein (Nx6.25) 15.0%
Fat (ether extract) .8%
Ash (total minerals) 3.8%
Crude Fiber 1.6%
Calcium (Ca) 800 mg. per 100 gm.
Phosphorus (P) 580 mg. per 100 gm.
Iron (Fe) 30 mg. per 100 gm.
Copper (Cu) 2 mg. per 100 gm.
Thiamine ($B_1$) 1.0 mg. per 100 gm.
Riboflavin ($B_2$) 0.3 mg. per 100 gm.
Moisture 5.7%
Calories per ounce 102.

**For taste** . . . When mothers report a "Cereal Problem," suggest a change to Clapp's. Infant cereals vary widely in flavor. The sweet, nutty flavor of Clapp's is one most babies love.

**For texture** . . . The fine, but definite, texture of Clapp's Baby Cereals is readily accepted by babies. This texture, marking a distinct advance over a liquid diet, prepares the infants for later progress to solid food.

The Council on Foods of the A.M.A. suggests that infants' cereals may well be selected upon the basis of furnishing vitamin $B_1$ and Iron. Both Clapp's Instant Cereal and Clapp's Instant Oatmeal are excellent sources of these two food elements.

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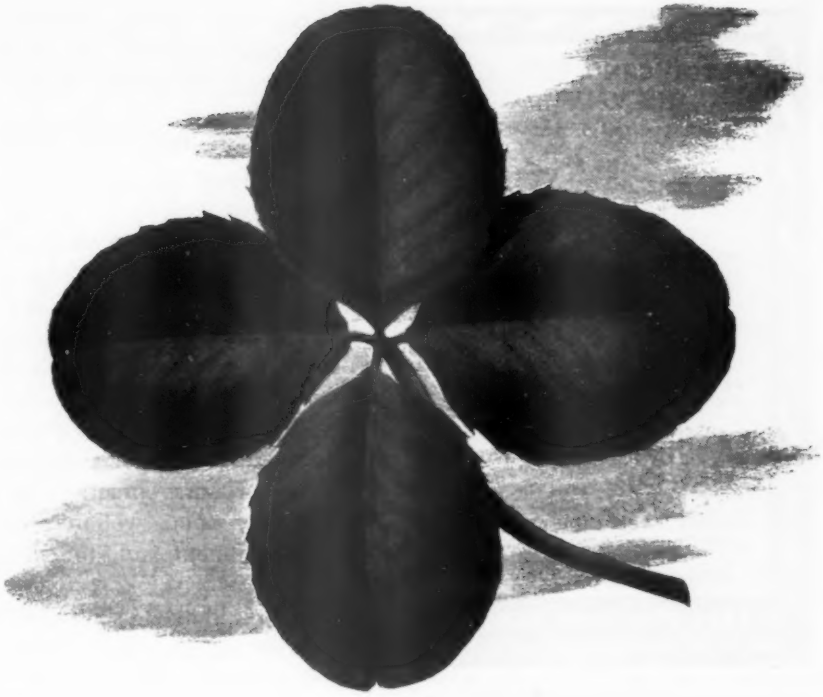
Nurses as well as the other groups to accept merger into a single national organization.

One of the great difficulties with professional organization today was that the professional organizations were losing their leadership to specialized groups. The general body of the profession, let us say in this case the American Nurses Association, has to deal with the broad problem of nurses as a profession, and yet some of the leadership of nursing is drawn off to work these other organizations.

So we come to Principle Number Three, which was to make sure that these groups, the specialist groups, not only pursue their own interests but pursue the interests of nursing as a whole and attack the general problems of nursing.

One of the complaints that we found among nurses is that in the case of a great many large problems of nursing you do not at the present time have adequate effective machinery. Take the question of recruitment for the nursing profession. The National Nursing Council has set up a committee called the Committee on Careers in Nursing, and yet the National Nursing Council at the present time is a relatively weak group because the question of coordination has not been satisfactorily resolved in that case, so that the nurses' profession lacks a machine for dealing with the important problem of recruitment.

The various attempts of the nursing profession to coordinate activities through joint boards of directors, joint committees, headquarters staff



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Nowadays the quatrefoil, or four-leaf clover, is taken as a sign of great good luck. But in ancient religions and art it was the symbol of the equity and justice of the Supreme Being. Later it indicated those on whom God had showered good fortune, and finally it came to mean happy chance, or favorable circumstances.

The familiar Rexall sign is a modern symbol of superior and dependable pharmacal service. More than 10,000 independent, reliable drug stores in this country display the Rexall symbol. It means that all Rexall drugs are laboratory-tested for purity, potency and uniformity under the rigid Rexall system of controls. It means superior pharmacal skill in compounding them.

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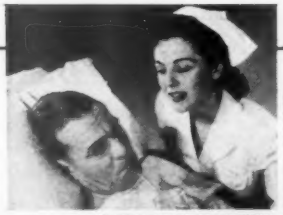
PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS

meetings, and various conferences have all proved effective to a degree, but always cumbersome. It is very difficult when a committee has to keep clearing with its parent organization before it can speak its own mind.

We tried to overcome that by suggesting for each broad problem of nursing the organization of a commission to deal with that particular problem. The commissions are really commissions to deal with broad problems of nursing: The problem of nursing education; of ethics and standards of nurse practice; of the social and economic welfare of nurses; of recruitment and student welfare.

Now I would like to show you how these commissions tie in with the specialist group. We suggest that each of these commissions be made up of representatives of the specialty sections. In other words, on every one of these commissions there would be, accepting this structure, an industrial nurse. There would be an industrial nurse coming from the Industrial Section on the Commission on Education, on the Commission on Recruitment, on the Commission on Practice, Nurses' Welfare, right down the line.

In that way each commission will be composed of 13, taking this list of 13 specialist sections, 13 different specialists. That commission will then be charged to deal with the problem not only in terms of nursing as a whole but to make sure that the needs of each one of the specialties is taken into account in planning a

ON DUTY...  ...AND OFF

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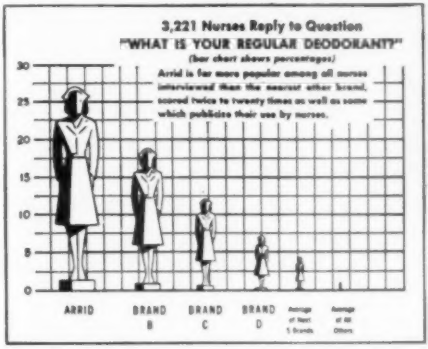


Research techniques, exact percentages, etc., available to authorized groups.

A RECENT COAST-TO-COAST SURVEY among nurses shows that creamy Arrid is their favorite deodorant. Here are the three major reasons given for this preference: "effectiveness in stopping offensive perspiration and odor," "safety to clothes," "safety to skin."

## ONLY ARRID gives you this 3-way protection

**1.** Arrid really protects you from offending. Instantly destroys past odor. Prevents future odor. Gives you complete personal and professional protection.

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## No Other Deodorant—Only ARRID STOPS PERSPIRATION and ODOR so Completely yet so Safely!

ARRID—39¢ plus tax. Also 10¢ and 59¢


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Please send me a free jar of ARRID.

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Address_____
City_____ Zone____ State_____

program of education . . .

There is a tie-in, too, through their common use of the bureaus and services which we propose under the heading "The National Nursing Center." All the organizations have common problems. They have problems of research, problems of testing, problems of dealing with social and economic problems. These activities we suggest be merged in a paid, highly qualified staff in a National Nursing Center to serve the interests of all nursing and the specialist sections and commissions as well . . .

We have suggested two additional steps culminating a process of development: First is the section structure which is to bring the individual specialist into a group where she can participate in the determination of the future. The second was to bring the individual nurse on the district level from all specialties into closer relation to the national body.

We have recommended that the district be made the basic constituent body of the national professional organization. We have suggested one other thing: that every nurse be a member of the National Association directly. We can see no reason why a nurse who becomes a member of the Association in one state should not automatically be eligible without any further question to membership throughout the United States. In the professions, it seemed to us, the question of qualification was one of professional character, not of geographical residence.

Now, this may appear to be a revo-


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It was love at first sight! Mother's the most wonderful person in the world to her baby, because she's the source of every comfort and delight. At mealtime, for instance, it's mother who offers that bottle filled with creamy-rich White House Milk. Baby *likes* White House—and his doctor approves it, for it provides each essential nutrient of fresh milk, plus pure vitamin $D_3$—so necessary for infant growth, health and well being. There's none better!
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lutionary step in nursing organization and yet it is about as revolutionary as our own governmental structure. Basically this makes the nursing structure conform with that of the government of the United States and its several sovereign states . . .

The final major consideration that led us to make these structural recommendations was the question of enlisting non-nursing assistance in dealing with the problems of nursing. Many nurses are already aware that the nursing profession is radical in this regard. It is not true of any other profession at the present time that professional organizations have lay members. There are two nursing organizations that do have lay membership, the NOPHN and the NLNE.

We are suggesting for the future welfare of nursing and the future of nursing service to the country that nurses consider taking a further step in that direction, namely, enlisting as closely as possible the cooperation of non-nurses in their organization . . .

Plan Number II brings the non-nurse into the relation of a friend and neighbor, in a separate organization, to be sure, but closely tied to the professional association. Then if you become a bit more friendly still and want to recognize the non-nurse as potentially your brother, you can bring him closer by adopting Plan I in its various stages of restriction.

We believe that bringing the non-nurse into the organization can only add to the stature and to the effectiveness of nursing as a service to the community and as a professional organization. But it is up to nurses

# *Those*

## PRECIOUS HANDS

Soap and water, disinfectants, cruel brushes, and alcohol conspire daily to undermine the appearance of nurses' hands. Not infrequently, the dry, harsh skin so produced becomes doubly susceptible to skin irritation, allergic dermatitis, and other eruptions . . . Tarbonis quickly overcomes the discomfort of these conditions and leads to their prompt disappearance. Presenting a unique extract of coal tar in a vanishing type base containing menthol and lanolin, Tarbonis is odorless, colorless and greaseless. It disappears quickly after mild inunction, and does not soil skin or clothing. Tarbonis is widely prescribed for the treatment of many forms of eczema and dermatitis, indolent ulcers, and whenever the action of tar is required.

*Nurses are invited to send for literature and sample of Tarbonis.*


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as to how close they bring these laymen. We recommend that you bring them as close as you possibly can stand them . . .

We are suggesting that you turn about now and that nursing become in a small sense . . . because we feel that it can never be possible in a large sense; I am afraid you wouldn't be able to lure sufficient laymen into your organization to make it a truly mixed association . . . a mixed organization; that you bring in the people who are vitally concerned about their health, to help you solve the problems of nursing.

---

## Surgery by Television

[*Continued from page* 43]

sliding down the fine ligatures." However, it was generally admitted that color was an eventual necessity if television were to reach its ultimate usefulness as a surgical teaching aid. Dr. Edwin L. Crosby, Hopkins' Director, commented: "The physical limitations of ampitheatres sharply restrict the visibility of the operating field. Television brought the operative field within the critical sight of large numbers of doctors and students . . . Our experience, although very brief, indicates that television may be extremely valuable in this type of teaching."

Television, as a surgical technique teaching aid, shows definite possibilities. It is hoped that further experimentation will promote its feasibility and permit its use in hospitals throughout the country.


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**WE LIKE THEIR TIMING** because they help us get a full 20 minutes essential exercise every feeding.

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For your free copy of the treatise, BOTTLE FEEDING IN RELATION TO INFANTILE COLIC AND MALFORMATION OF THE MOUTH, write Dept. RN7-6.

## From the Floor

[*Continued from page* 29]

all, the potential recruitee is a layman . . . It stands to reason that a great many people other than nurses are in a position to determine many of the affairs of nurses, and you don't really vote them out of existence by keeping them out of the organization. They participate anyhow.

CHAIRMAN MARY DELEHANTY: *Are there any members of the NOPHN or of the League who have had dealings with the lay members and would care to speak on this point?*

MISS DOROTHY ROOD (University of Pittsburgh): I have had experience with both. In the League in Pittsburgh we tried very hard to get lay members, and we have one, who is not dangerous. I have been thinking of the kind of people that might organize a campaign against us. I can't think of any groups in the committee except possibly the doctors and hospital association, who might want to cut down our salaries and increase our hours. Would they be willing to come into the association with the machinery it takes in numbers enough to outvote us inside the organization? Remember, we are the largest body of professional women in the world . . . There are more nurses than doctors . . . There are only 6,000 hospitals in the country, and we wouldn't get enough of them in to outvote us.

I don't worry about the board members that Miss Geister is wor-

ried about. I don't believe they would come into our organization in numbers enough for us to be afraid of them. (Applause)

MISS GEISTER: They might not come to a meeting, but they have a vote just the same and they could vote. Have you ever talked with any state association that has been fighting the state practice law [or the] encroachment [upon it]?

MISS ROOD: Oh, yes, I have had a lot to do with it and they didn't come inside. They worked outside with their political machinery.

MISS GEISTER: One of the first meetings I ever went to was in Chicago, when the League was having a meeting there. Some of you may remember Minnie Ahernds. I was a brand-spanking new nurse and walked into this League meeting with great trepidation, and I heard her say, "No, we will not permit doctors to join the League. If one doctor stood up before a group of 500 nurses and had an opinion different from everyone of those 500 nurses, the nurses would stand up and say, 'Yes, doctor.'"

MISS ANNE M. GOODRICH (New York, N.Y.): *Dr. Cherin, in making the sectional divisions which [total] 13, five of those are divided one way, eight another. Some are divided as to vocational work [and others as to hospital duties]. Why isn't the general nurse allowed to stay with her vocational group? Is there any particular reason in making that division?*

DR. CHERIN: That list of suggestions is a list based on what we saw

in the literature as developed in specialties. The private duty nurse is not a specialist in the same sense as an industrial nurse in terms of practice. We thought of her as becoming specialized, either remaining in general practice in which case she would act as a general practitioner, or becoming specialized in one of the others—surgical, pediatric, obstetrical, etc.

However, this list is merely a suggested one. We recognize the fact that it wasn't consistent in its base. It is suggested on the basis of what we saw developing as potential independent organizations.

## Texas City Disaster

[*Continued from page* 39]

morgue duty where they assisted in identification of bodies and gave emergency care to the many civilians who were prostrated by the ordeal of trying to identify lost relatives from among the mangled remains. In my opinion, these girls deserve a special accolade.

By the end of a week, Texas City was already rebuilding. Red Cross and State Health Department Nurses were doing a house-to-house canvass to check up on individual family health conditions, sanitation, unreported injuries, etc. From their report and findings a public health program will be mapped out for the new housing units to rise out of the ruins. Volunteer nurses will stay on the job wherever they are needed as long as they are needed. It's a piece of nursing history of which the profession may well be proud.


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*ASSISTANT DIRECTOR OF NURSES: San Francisco area. One of leading hospitals; $300; maintenance. (Placement bureau charges $2 registration fee.) Box MB6-8.

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*INSTRUCTOR, NURSING ARTS: South. Hospital of 110 beds; $225, full maintenance. (Placement bureau charges $2 registration fee.) Shay Medical Agency R6, 55 E. Washington, Chicago 2, Ill.

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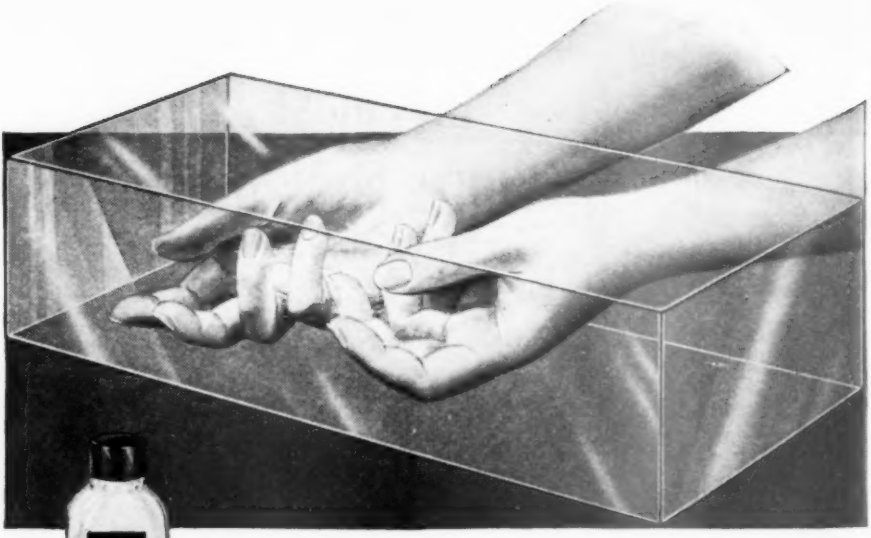

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[1] *Cushny, A. R.: Pharmacology and Therapeutics, Philadelphia, Lea & Febiger, 1940.*
[2] *Thienes, C. H.: Fundamentals of Pharmacology, New York, Paul B. Hoeber, 1945.*

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*Thera-Vita*
Reg. U. S. Pat. Off.

**THERAPEUTIC VITAMIN CAPSULES**

***Each capsule contains:***

| | |
|---|---|
| Vitamin A (liver oil conc.) | 12,500 U.S.P. Units |
| Thiamine Hydrochloride ($B_1$) | 10 mg. |
| Riboflavin ($B_2$) | 10 mg. |
| Niacinamide | 100 mg. |
| Pyridoxine Hydrochloride ($B_6$) | 1 mg. |
| Calcium Pantothenate | 10 mg. |
| Ascorbic Acid (Vitamin C) | 150 mg. |
| Vitamin D (Activated Ergosterol) | 1,250 U.S.P. Units |

**DOSE:** 1 to 3 capsules daily as directed by physician.
**PACKAGING:** Bottles of 100 capsules.

*Thera-Vita* is a therapeutic multivitamin.

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